
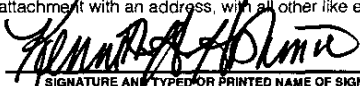


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90214 028 \*\*\*150.00

<b>DOCUMENT # P02000059318</b> 1. Entity Name <b>PARADIGM RESOURCE GROUP, INC.</b>																													
Principal Place of Business <b>8088 CYPRESS DR., SOUTH FT. MYERS, FL 33912</b>			Mailing Address <b>8088 CYPRESS DR., SOUTH FT. MYERS, FL 33912</b>																										
2. Principal Place of Business <b>11417 STRATHAM LOOP</b>		3. Mailing Address <b>11417 STRATHAM LOOP</b>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State <b>ESTERO, FL</b>		City & State <b>ESTERO, FL</b>		4. FEI Number <b>30-0081859</b>																									
Zip <b>33928</b>		Country <b>USA</b>		Applied For Not Applicable																									
Zip <b>33928</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>HASHIMOTO, KENNETH H 8088 CYPRESS DR., SOUTH FT. MYERS, FL 33912</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>11417 STRATHAM LOOP</b> City <b>ESTERO,</b> State <b>FL</b> Zip Code <b>33928</b>																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>DPST HASHIMOTO, KENNETH H</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8088 CYPRESS DR., SOUTH</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FT. MYERS, FL 33912</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>DPST HASHIMOTO, KENNETH H</b>		STREET ADDRESS	<b>8088 CYPRESS DR., SOUTH</b>		CITY-ST-ZIP	<b>FT. MYERS, FL 33912</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>D/P/S/T HASHIMOTO, KENNETH H.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>11417 STRATHAM LOOP</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ESTERO, FL 33928</b></td> <td></td> </tr> </table>			TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>D/P/S/T HASHIMOTO, KENNETH H.</b>		STREET ADDRESS	<b>11417 STRATHAM LOOP</b>		CITY-ST-ZIP	<b>ESTERO, FL 33928</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>4/24/04</b> Daytime Phone # <b>239-949-3322</b>																									