

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108829

FILED
Apr 15, 2009
Secretary of State

Entity Name: PARADISE RETIREMENT GROUP, INC.

Current Principal Place of Business:

2001 BRINSON ROAD
SUITE 407
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

2001 BRINSON ROAD
SUITE 407
LUTZ, FL 33558

New Mailing Address:

FEI Number: 32-0035164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOUSE, JAMES L
2001 BRINSON ROAD
SUITE 407
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: HOUSE, JAMES L
Address: 2001 BRINSON ROAD
City-St-Zip: LUTZ, FL 33558

Title: S,D () Delete
Name: HOUSE, KRISTIN
Address: 1520 RUBES LANDING
City-St-Zip: MARIETTA, GA 30066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOUSE, JAMES L
Address: 2001 BRINSON ROAD
City-St-Zip: LUTZ, FL 33558

Title: DST (X) Change () Addition
Name: HOUSE, KRISTIN
Address: 1520 RUBES LANDING
City-St-Zip: MARIETTA, GA 30066

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. HOUSE

PRES

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date