## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 19, 2007 08:00 A Secretary of State DOCUMENT # P02000120281 PADDOCK HOLDINGS II, INC. Principal Place of Business Mailing Address 300 N. RIVERSIDE DR 300 N. RIVERSIDE DR EDGEWATER, FL 32132 EDGEWATER, FL 32132 03052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1160606 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PADDOCK, SPENCER DO NOT WRITE 300 N. RIVERSIDE DR EDGEWATER, FL 32132 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000669993 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PADDOCK, SPENCER STREET ADDRESS 300 N RIVERSIDE DR CITY-ST-ZIP EDGEWATER, FL 32132 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information enter report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director 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 an address, with all other like empowered 12. I hereby certily that the information indicated on this report or supplementary of the corporation or the receiver changed, or on an attachment wi

SIGNATURE:

CITY-ST-ZIP

386 409 9571

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