

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000134488

Entity Name: PARADOX TECHNOLOGY, INC

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1239 N. BAYSHORE DR.  
VALPARAISO, FL 32580

**New Principal Place of Business:**

**Current Mailing Address:**

1239 N. BAYSHORE DR.  
VALPARAISO, FL 32580

**New Mailing Address:**

FEI Number: 27-0041802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINDEN, CHARLES L III  
1239 N. BAYSHORE DR.  
VALPARAISO, FL 32580 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  
Name: LINDEN, CHARLES L III  
Address: 1239 N. BAYSHORE DR.  
City-St-Zip: VALPARAISO, FL 32580

Title: V/S  
Name: LINDEN, CHARLES L JR  
Address: 1239 N. BAYSHORE DR.  
City-St-Zip: VALPARAISO, FL 32580

I hereby 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 all other like empowered.

SIGNATURE: CHARLES L LINDEN JR.

V/S

02/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date