2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2005 08:00 AM Secretary of State

| ANNUAL REPORT | | | | Secretary of State | | | |
|--|--|--|---|---|----------------------------|----------------------|--|
| DOCUMENT # P03000003202 | | | | | Se | cretary | oi Stau |
| 1, Entity Nam PARAMO | DUNT INVESTMENT GROUP | , INC. | | | | | |
| 1401 FORS\ | ce of Business /THE ROAD_ BEACH, FL 33405 | Mailing Address 1401 FORSYTHE ROAD WEST PALM BEACH, FL 33405 | | | |) | 11 07 (1117 1117 1117 1117 1117 1117 1117 1 |
| | OO NOT WRITE | CE | 07292005 4. FEI Numb 37-145 5. Certificate | 2/03) Applied For Not Applicable 5 Additlonal equired | | | |
| | 6. Name and Address of Current R | egistered Agent | | · · | | s = e · - | ٠ |
| PAWLUC, 717 SE 5T STUART, | H STREET | | | | NOT W | | |
| | named entity submits this statement for tilons of registered agent, | he purpose of changing its registere | ed office or register | red age nt, or bo | th, in the State of Flo | orida. I am tamilia | r with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent an | Little if applicable. (NOTE, Registerer | d Agent signature required | i when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Finan Trust Fund Contribution. | | | | .00 May Be ed to Fees | | | |
| 10. | OFFICERS AND D | RECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MILLER, SUSAN L 614 S.E. ATLANTIC DR. LAKE WORTH, FL 33462 VPTD LEWIS, BRANDON SCOTT | | | | <u>Unioon</u> 08/01/05- | 1375166 -80008-01 | 2 150.00 |
| STREET ADDRESS | 10175 SW GREENRIDGE LANE PALM CITY, FL 34990 | | _ | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD LEWIS, SARAH J 3424 DIANE DRIVE BOYNTON BEACH, FL 33435 | <u></u> | | | NOT W | | |
| NAME STREET ADDRESS CITY-ST-ZIP | D LEWIS, STEVE R 12011 SW PÎNEAPPLE CT PALM CITY, FL 34990 | <u>.</u> | | <u>"</u> IN" | THIS SF | PACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | g Degraph of Degraphs and the second of the | | | | |
| TITLE NAME STREET ADDRESS | | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 likerempowered.

SIGNATURE:

CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

1/29/05

Daylime Phone #