

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014571

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: PARADISE PROPERTIES OF AMERICA, INC.

## Current Principal Place of Business:

100 RIALTO PLACE  
SUITE 875  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

100 RIALTO PLACE  
SUITE 875  
MELBOURNE, FL 32901

## New Mailing Address:

FEI Number: 46-0519184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLACKFORD, ROBERT  
100 RIALTO PLACE  
SUITE 875  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

BLACKFORD, ROBERT N  
100 RIALTO PLACE  
SUITE 875  
MELBOURNE, FL 32901 US

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: ROBERT N. BLACKFORD

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BLACKFORD, ROBERT  
Address: 1510 NAPANEE ST. NW  
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete  
Name: CASILLAS, KENNETH  
Address: 42 HEPBURN PLACE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BLACKFORD, ROBERT N  
Address: 1510 NAPANEE ST. NW  
City-St-Zip: PALM BAY, FL 32907

Title: D (X) Change ( ) Addition  
Name: CASILLAS, KENNETH D  
Address: 42 HEPBURN PLACE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: O ( ) Change (X) Addition  
Name: BLACKFORD, GERALDINE S  
Address: 1931 ALMA DR.  
City-St-Zip: WEST MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT N. BLACKFORD

D

01/10/2005

Electronic Signature of Signing Officer or Director

Date