

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014571

FILED
Jan 13, 2006
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 ()

Name and Address of Current Registered Agent:

BLACKFORD, ROBERT N
100 RIALTO PLACE
SUITE 875
MELBOURNE, FL 32901 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: D () Delete
Name: BLACKFORD, ROBERT N
Address: 1510 NAPANEE ST. NW
City-St-Zip: PALM BAY, FL 32907

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLACKFORD, ROBERT N
Address: 100 RIALTO PLACE, SUITE 875
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change () Addition
Name: CASILLAS, KENNETH D
Address: 100 RIALTO PLACE, SUITE 875
City-St-Zip: MELBOURNE, FL 32901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT N BLACKFORD

D

01/13/2006

Electronic Signature of Signing Officer or Director

_____ Date