

P03000022238

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARADISE NUTRACEUTICALS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO3000022238

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John P Thomas  
(Name of Person)

PARADISE NUTRACEUTICALS INC  
(Name of Firm/Company)

136 CYPRESS WAY E #6  
(Address)

NAPLES FL 34110  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Thomas at 239 289 8474  
(Name of Person) (Area Code & Daytime Telephone Number)

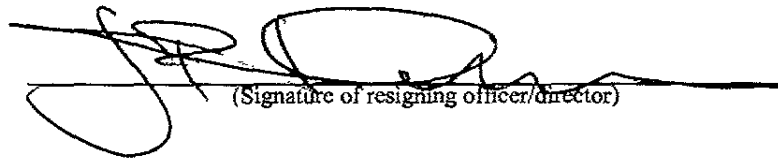
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, John P Thomas, hereby resign as PRESIDENT / DIR  
(Title)  
of PARADISE NUTRACEUTICALS, INCORPORATED  
(Name of Corporation)  
P03006022238, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

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03 NOV 17 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314