


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90274 032 ***150.00

DOCUMENT # P03000101093 1. Entity Name PAULINHA ENTERPRISES, INC.					
Principal Place of Business 907 MARINA DRIVE #406 NORTH PALM BEACH, FL 33408 PB			Mailing Address 907 MARINA DRIVE #406 NORTH PALM BEACH, FL 33408 PB		
2. Principal Place of Business 2330 N.W. 59TH AVE Suite, Apt. #, etc.		3. Mailing Address 2330 N.W. 59TH AVE Suite, Apt. #, etc.			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 20-0427866	
Zip 34482		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUFFY, GEORGE F 907 MARINA DRIVE #406 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name DUFFY, GEORGE F. Street Address (P.O. Box Number is Not Acceptable) 2330 N.W. 59TH AVE City OCALA FL Zip Code 34482		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>George F Duffy</i> Feb. 26 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DUFFY, GEORGE F STREET ADDRESS 907 MARINA DRIVE, #406 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete		TITLE P NAME GEORGE F DUFFY STREET ADDRESS 2330 N.W. 59TH AVE CITY-ST-ZIP OCALA, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DUFFY, PAULA M STREET ADDRESS 907 MARINA DRIVE, #406 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete		TITLE VP NAME DUFFY, PAULA M. STREET ADDRESS 2330 N.W. 59TH AVE CITY-ST-ZIP OCALA, FL 34482	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.					
SIGNATURE: <i>George F Duffy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Feb 26 2005 Daytime Phone # 352 732 8450		