

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124215

FILED
Apr 28, 2005
Secretary of State

Entity Name: SELLSTATE PARADISE REALTY, INC.

Current Principal Place of Business:

3401 BONITA BEACH ROAD
#106
BONITA SPRINGS, FL 34134

Current Mailing Address:

3401 BONITA BEACH ROAD
#106
BONITA SPRINGS, FL 34134

New Principal Place of Business:

3401 BONITA BEACH ROAD
#107
BONITA SPRINGS, FL 34134

New Mailing Address:

3401 BONITA BEACH ROAD
#107
BONITA SPRINGS, FL 34134

FEI Number: 20-0463161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, THOMAS A ESQ.
9220 BONITA BEACH ROAD
SUITE 228
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

COX, WILLIAM
3401 BONITA BEACH ROAD
SUITE 107
BONITA SPRINGS, FL 34134 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: WILLIAM COX

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: REILLY, JOHN B JR.
Address: 9122 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: CRESSWELL, NEIL J
Address: 9122 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COX, WILLIAM
Address: 3401 BONITA BEACH ROAD, SUITE 107
City-St-Zip: BONITA SPRINGS, FL 34134

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 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: WILLIAM COX

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date