

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140297

FILED
Jan 11, 2009
Secretary of State

Entity Name: PARADISE SUPPLEMENTS AND PACKAGING, INC.

Current Principal Place of Business:

1100 COMMERCIAL BLVD UNIT 110
UNIT #110
NAPLES, FL 34104

New Principal Place of Business:

6266 TAYLOR ROAD
NAPLES, FL 34109

Current Mailing Address:

1100 COMMERCIAL BLVD
UNIT 110
NAPLES, FL 34104

New Mailing Address:

6266 TAYLOR ROAD
NAPLES, FL 34109

FEI Number: 52-2416923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATAMIAN, CATHERINE M
2292 QUEENS WAY
NAPLES, FL 34112 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: PRES () Delete
Name: ATAMIAN, JOHN M
Address: 2292 QUEENS WAY
City-St-Zip: NAPLES, FL 34112

Title: TREA () Delete
Name: ATAMIAN, CATHERINE M
Address: 2292 QUEENS WAY
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CATHERINE M. ATAMIAN

TREA

01/11/2009

Electronic Signature of Signing Officer or Director

Date