

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051372

FILED
Apr 29, 2009
Secretary of State

Entity Name: PARAGON LENDING & FINANCIAL SOLUTIONS, INC.

Current Principal Place of Business:

10014 N DALE MABRY HWY STE 101
TAMPA, FL 33618

New Principal Place of Business:

1232 AVON WOOD CT.
LUTZ, FL 33559

Current Mailing Address:

10014 N DALE MABRY HWY STE 101
TAMPA, FL 33618

New Mailing Address:

P.O. BOX 96
LUTZ, FL 33548

FEI Number: 20-0861221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APONTE, LUIS A
10014 N DALE MABRY HWY STE 101
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

APONTE, LUIS A
1232 AVON WOOD CT.
LUTZ, FL 33559 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: LUIS A. APONTE

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: APONTE, LUIS A
Address: 10014 N DALE MABRY HWY STE 101
City-St-Zip: TAMPA, FL 33618

Title: VST () Delete
Name: APONTE, REINA E
Address: 10014 N DALE MABRY HWY STE 101
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: APONTE, LUIS A
Address: 1232 AVON WOOD CT.
City-St-Zip: LUTZ, FL 33559

Title: VST (X) Change () Addition
Name: APONTE, REINA E
Address: 1232 AVON WOOD CT.
City-St-Zip: LUTZ, FL 33559

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: LUIS A. APONTE

CEOP

04/29/2009

Electronic Signature of Signing Officer or Director

Date