

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-06-2005 90117 028 ***150.00

DOCUMENT # P04000062487
 1. Entity Name
PARALEGAL & MORE, INC.



Principal Place of Business Mailing Address
7800 W OAKLAND PARK BLVD, C107 **7800 W OAKLAND PARK BLVD, C107**
SUNRISE, FL 33351 **SUNRISE, FL 33351**

66016409



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03262005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number
74-3144497 Applied For
 Not Applicable

Zio Country Zio Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CLAYTON, HYACINTH M
7800 W OAKLAND PARK BLVD, C107
SUNRISE, FL 33351

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent or trustee. REGISTERED AGENT'S SIGNATURE (REQUIRED WHEN REGISTERING)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> Delete
NAME	CLAYTON, HYACINTH	
STREET ADDRESS	7800 W OAKLAND PARK BLVD, C107	
CITY- ST- ZIP	SUNRISE, FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, SHIRLEY	
STREET ADDRESS	7800 W OAKLAND PARK BLVD, C107	
CITY- ST- ZIP	SUNRISE, FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, RAPHEAL	
STREET ADDRESS	7800 W OAKLAND PARK BLVD, C107	
CITY- ST- ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 officers empowered.

SIGNATURE: *[Signature]*
SIGNATURE TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

8/26/05 9:51 4225 5292