

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000062487

FILED
Apr 08, 2008
Secretary of State

Entity Name: PARALEGAL & MORE, INC.

Current Principal Place of Business:

7800 W OAKLAND PARK BLVD, C107
SUNRISE, FL 33351

New Principal Place of Business:

10380 SW VILLAGE CENTER DRIVE
#305
PORT ST LUCIE, FL 34987

Current Mailing Address:

7800 W OAKLAND PARK BLVD, C107
SUNRISE, FL 33351

New Mailing Address:

10380 SW VILLAGE CENTER DRIVE
#305
PORT ST LUCIE, FL 34987

FEI Number: 74-3144497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAYTON, HYACINTH M
7800 W OAKLAND PARK BLVD, C107
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

CLAYTON, HYACINTH M
10380 SW VILLAGE CENTER DRIVE
#305
SUNRISE, FL 33351 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: _____

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: CLAYTON, HYACINTH
Address: 7800 W OAKLAND PARK BLVD, C107
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Delete
Name: WILSON, SHIRLEY
Address: 7800 W OAKLAND PARK BLVD, C107
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: CLAYTON, HYACINTH
Address: 10380 SW VILLAGE CENTER DRIVE
City-St-Zip: PORT ST LUCIE, FL 34987

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: HYACINTH CLAYTON

O

04/08/2008

Electronic Signature of Signing Officer or Director

Date