FILED

AMENDED ANNUAL REPORT

DOCUMENT # P04000123103

1. Entity Name PARAMOUNT REALTY SERVICES, INC.



	·				06 APR	10 PH	2: 23		
Principal Place of Business 801 SE 6TH AVE. SUITE 100 DELRAY BEACH, FL 33483		Mailing Address 801 SE 6TH AVE. SUITE 100 DELRAY BEACH, FLORIDA, FL 33483		1 10 1111	SEUNE : TALLANASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		040620	06 Chg-P	CR2E034	(11/05)		
City & State		City & State		4. FEI Nu 20-1	mber 563103	<u>,, </u>		plied For	
Zip	Country	Zip (Country		cate of Status Desired		3.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New I			`	
ar value and and a value of the control of the cont				Name					
801 SE 6T SUITE 100			Street Address (ımber is Not Acceptabl	le)			
	,		City		-	FL	Zip Cod	e	
	named entity submits this statement folions of registered agent.	r the purpose of changing its regi	istered office or r	egistered agent, o	r both, in the State of Fi		iliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rep	pistered Agent signeture	a required when reinstatin	n)	DATE			
Am	ended AR is \$61.25	9. Election Campaign I Trust Fund Contribut	· -	\$5.00 May Bo Added to Fees					
10.	OFFICERS AND		11.		NS/CHANGES TO OF	FICERS AND DI	RECTOR	S IN 11/	
NAME STREET ADDRESS CITY-ST-ZIP	MCCALLA, STANLEY H JR. 6503 N. OCEAN BLVD OCEAN RIDGE, FL 33435	€ Delete	NAME C STREET ADDRESS 4	VP EAROL KU 5520 N OC OCEAN R \	DIRKA CEAN BLVD F +GE, FL 33	ゴスハ) Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	P PECKHAM, WILLIAM E 129 VENETIAN DRIVE DELRAY BEACH, FL 33483	☐ Delete	TITLE NAME STREET ADDRESS	DIA. STANLEY I	H. McCAKA CEAM BLUD I EACH, FL 3.	5A. E] Change	Addition	
TITLE NAME STREET ADDRESS City-St-Zip	DIR MCCALLA, DAVID B 30 OAK LANE GLEN COVE, NY 11542	D Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.0. 10**] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCCALLA, ROSS L 2257 BENEFEFIELD RD CUMMINGS, GA 30041	(Le) Detecte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		:000722 :7/0601017-	_] Change 3 61 . 25	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS	·	☐ Delete	TITLE NAME STREET ADDRESS CHY, CT. 70] Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURF: