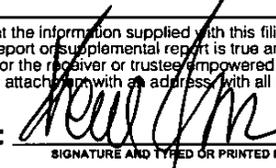


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90101 025 ***150.00

DOCUMENT # P04000154534					
1. Entity Name PARADISE ISLE MANAGEMENT, INC.					
Principal Place of Business 2300 GLADES ROAD SUITE 230W BOCA RATON, FL 33431			Mailing Address 2300 GLADES ROAD SUITE 230W BOCA RATON, FL 33431		
2. Principal Place of Business 2600 N Military Trail		3. Mailing Address 2600 N Military Trail			
Suite, Apt. #, etc. Suite 290		Suite, Apt. #, etc. Suite 290			
City & State Boca Raton, FL		City & State Boca Raton FL		4. FEI Number 20-1853277	
Zip 33431		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WHITE, JOHN II 1645 PALM BEACH LAKES BOULEVARD SUITE 1200 WEST PALM BEACH, FL 33401			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODMAN, KENNETH	NAME	GOODMAN, KENNETH		
STREET ADDRESS	2100 GLADES RD #230 W.	STREET ADDRESS	2600 N MILITARY TRAIL, #290		
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PUDER, MICHAEL	NAME			
STREET ADDRESS	7047 PALAZZO REALE	STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UVA, KENNETH CTS	NAME			
STREET ADDRESS	1209 ORANGE STREET	STREET ADDRESS			
CITY-ST-ZIP	WILMINGTON, DE 19801	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #