2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169449

Entity Name: JOSEPH PAULINO, PA

City-St-Zip:

FILED Jul 26, 2006 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
11301 SOUTH O.B.T SUITE 206-B ORLANDO, FL 32837			SUITE 169	1802 N ALAFAYA TRAIL SUITE 169 ORLANDO, FL 32826		
Current Mailing Address:			New Mailing Address:			
	GEWAY BLVD), FL 32828					
FEI Number:	: 47-0948490	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of New Registered Agent:			
916 BRIDÓ	JOSEPH PA GEWAY BLVD), FL 32828					
	named entity e of Florida.	submits this statement for the	purpose of changing i	its registered	d office or registered agent, or both,	
SIGNATUR						
	Electro	nic Signature of Registered Ag	ent		Date	
		93(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PRES (JOSEPH, PAU 916 BRIDGEW ORLANDO, FL	/AY BLVD	Title: Name: Address: City-St-Zip:	PRES JOSEPH, PA 916 BRIDGE ORLANDO,		
Title: Name: Address: City-St-Zip:	VP (PAULINO, ELE 916 BIRDGEW ORLANDO, FL	/AY BLVD	Title: Name: Address: City-St-Zip:	916 BIRDGE	(X) Change () Addition LEXIDA MRS. EWAY BLVD FL 32828 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	916 BRIDGE	()Change(X)Addition NELSON MR. EWAY BLVD FL 32828 US	
Title: Name:	() Delete	Title: Name:	COO ACOSTA, CI	() Change (X) Addition RISTOBAL MR.	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip: ORLANDO, FL 32828 US

SIGNATURE: JOSEPH PAULINO PRES 07/26/2006