

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065299

FILED
Apr 30, 2009
Secretary of State

Entity Name: INVESTMENT PARADIGMS, INC.

Current Principal Place of Business:

3125 LA COSTA CIRCLE
104
NAPLES, FL 34105

Current Mailing Address:

3125 LA COSTA CIRCLE
104
NAPLES, FL 34105

New Principal Place of Business:

9735 NW 52 STREET
402
DORAL, FL 33178

New Mailing Address:

9735 NW 52 STREET
402
DORAL, FL 33178

FEI Number: 20-2772650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEIGHEN, GARY R
3180 LA COSTA CIRCLE
SUITE 104
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

MCKEIGHEN, GARY R MR.
9735 NW 52 STREET
402
DORAL, FL 33178 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: GARY R. MCKEIGHEN

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: MCKEIGHEN, GARY R
Address: 3180 LA COSTA CIRCLE, #104
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MCKEIGHEN, GARY R MR.
Address: 9735 NW 52 STREET, SUITE 402
City-St-Zip: DORAL, FL 33178

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: GARY R. MCKEIGHEN

MR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date