
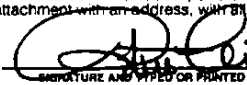


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

06-16-2006 90102 009 ***163.75

DOCUMENT # P05000114512			
1. Entity Name PARAGON ANALYTICAL AND INTELLIGENCE, INC			
Principal Place of Business 3109 HORATIO ST., #25 TAMPA, FL 33609		Mailing Address 3109 HORATIO ST., #25 TAMPA, FL 33609	
2. Principal Place of Business		3. Mailing Address P.O. Box 6128	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA	
Zip	Country	Zip	Country
33609		33608	Hillsborough
4. FEI Number 20-3591442		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOISEAU, ROBERT 3109 HORATIO ST., #25 TAMPA, FL 33609		Name N/A	
		Street Address (P.O. Box Number is Not Acceptable)	
		N/A	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT, CEO ROBERT LOISEAU 3109 Horatio St #25 TAMPA FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	No other appointments follow <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	16 ADDITIONS OR CHANGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: 		8 June 06 443-722-4543	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

e-mail: robseau@gmail.com