


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000080948 1. Entity Name PARADISE COAST SERVICES, INC.	
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Principal Place of Business 1219 RIZZO STREET PT CHARLOTTE, FL 33952 US	Mailing Address 1219 RIZZO STREET PT CHARLOTTE, FL 33952 US
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0594043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SULLIVAN, GILBERT W
1219 RIZZO STREET
PT CHARLOTTE, FL 33952**

**DO NOT WRITE
IN THIS SPACE**

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  DATE **4/23/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000921787 05/15/08-80020-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE P	SULLIVAN, GILBERT W 1219 RIZZO STREET PT CHARLOTTE, FL 33952
TITLE VP	SULLIVAN, JONATHAN P 1219 RIZZO STREET PT CHARLOTTE, FL 33952
TITLE TR	SULLIVAN, GERALDINE R 1219 RIZZO ST PORT CHARLOTTE, FL 33952
TITLE 	
TITLE 	
TITLE 	

**DO NOT WRITE
IN THIS SPACE**

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:  DATE **4/23/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR