


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90017 017 \*\*\*150.00

<b>DOCUMENT # P31601</b> 1. Entity Name PARAGON AFFILLIATES INC.	
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Principal Place of Business ONE PARAGON DR STE 145 MONTVALE, NJ 07645	Mailing Address ONE PARAGON DR STE 145 MONTVALE, NJ 07645
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2323625	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HELLER, ROBERT 1906 HARBOURSIDE DR. UNIT 301 LONGBOAT KEY, FL 33548
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELLER, ROBERT 1906 HARBOURSIDE DR.#301 LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SCHAEVITZ, MARK 21 ALAN DR. SHORT HILLS, NJ
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **2/28/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #