

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31601

Entity Name: PARAGON AFFILIATES INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

ONE PARAGON DR
STE 145
MONTVALE, NJ 07645

New Principal Place of Business:

ONE PARAGON DRIVE
SUITE # 145
MONTVALE, NJ 07645 US

Current Mailing Address:

ONE PARAGON DR
STE 145
MONTVALE, NJ 07645

New Mailing Address:

ONE PARAGON DRIVE
SUITE # 145
MONTVALE, NJ 07645 US

FEI Number: 11-2323625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, ROBERT
1906 HARBOURSIDE DR.
UNIT 301
LONGBOAT KEY, FL 33548 US

Name and Address of New Registered Agent:

HELLER, ROBERT
1906 HARBOURSIDE DR.
UNIT 301
LONGBOAT KEY, FL 342284206 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:

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HELLER, ROBERT,
Address: 1906 HARBOURSIDE DR.#301
City-St-Zip: LONGBOAT KEY, FL

Title: VPST () Delete
Name: SCHAEVITZ, MARK,
Address: 21 ALAN DR.
City-St-Zip: SHORT HILLS, NJ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HELLER, ROBERT
Address: 1906 HARBOURSIDE DR.#301
City-St-Zip: LONGBOAT KEY, FL 342284206 US

Title: VPST (X) Change () Addition
Name: SCHAEVITZ, MARK
Address: 21 ALAN DRIVE
City-St-Zip: SHORT HILLS, NJ 07078 US

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: ROBERT HELLER

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date