


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P94000003315 1. Entity Name PARAMOUNT BALLOTS AND LISTS CORPORATION |  |
|--|---|

| | |
|---|---|
| Principal Place of Business POST OFFICE BOX 490278 KEY BISCAYNE, FL 33149 | Mailing Address POST OFFICE BOX 490278 KEY BISCAYNE, FL 33149 |
|---|---|



03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3243077 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 |
|--|

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

000000657489
 03/14/07-80071-002 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GROTTA, JOHN 101 OCEAN LANE DR. #3016 KEY BISCAYNE, FL 33149 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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:  | Date: March 2, 2007 | Daytime Phone #: 315.361.3852 |
|--|---------------------|-------------------------------|