PAY FROM: PARAGON OF TFOC

Feb 13 07 02:54p Frank Taube 248-332-0099 p.3

FILED
Feb 23, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000043302

1. Entity Name
PARAGON OF TFOC, INC.

Principal Place of Business	Mailing Address
6160 S. MARINER SANDS DRIVE STUART, FL 34997	6160 S. MARINER SANDS DRIVE STUART, FL 34997

DO NOT WRITE IN THIS SPACE

02132007 No Chg-P CR2E034 (11/05)

4. FEI Number
85-0563619
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAUBE, FRANK A II
6160 S. MARINER SANDS DR.
STUART, FL 34997

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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
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000064528 03/02/07-80079-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/S
NAME	TAUBE, FRANK A IIPTSD
STREET ADDRESS	6160 MARINER SANDS DRIVE
CITY-ST-ZIP	STUART, FL 34997
TITLE	VP
NAME	TAUBE, JOHN D
STREET ADDRESS	6576 TAMARACK CT
CITY-ST-ZIP	TROY, MI 48098
TITLE	T
NAME	MCGREGOR, NEVILLE
STREET ADDRESS	1363 ANDERSON
CITY-ST-ZIP	CLAWSON, MI 48017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Frank A. Taube II 2/13/07 772 223-2195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #