

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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FILED
Aug 25, 2003 8:00 am
Secretary of State

08-14-2003 90073 028 ***558.75

DOCUMENT # P95000051053	
1. Entity Name PARADIGM SHIFT, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 931 Village Blvd. Suite, Apt. #, etc. 905-94	3. Mailing Address 931 Village Blvd Suite, Apt. #, etc. 905-94
City & State W. Palm Beach, FL	City & State W. Palm Beach, FL
Zip 33409	Country US

55054850

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0596274	Applying for ☐ Not Applying
	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Carla S. Bryant Street Address (P.O. Box Number is Not Acceptable) 2000 Presidential Way #1602 City W. Palm Beach FL Zip Code 33401	

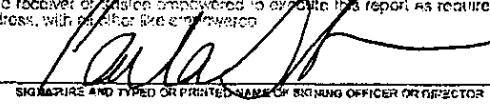
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, printed name of registered agent and filer's signature. (If filer is not the registered agent, filer's signature is not required.)	9. Election Campaign Financing Trade Fund Contribution ☐ \$5.00 Max. Fee Added to Fees
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Carla S. Bryant, President 2000 Presidential Way #1602 W. Palm Beach, FL 33401	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 assignee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 as an attachment with an address, with or without the employment.

SIGNATURE: 	8/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE

00205348 (12-03)