FILED
Aug 25, 2003 8:00 am
Secretary of State
08-14-2003 90073 028 ***558.75

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051053

1. Entity Name

PARADIGM SHIFT, INC.

DO NOT WRITE IN THIS SPACE

55054850

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0596274 — Applied for / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carla S. Bryant, President 2000 Presidential Way #1602 W. Palm Beach, FL 33401	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034R (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #