## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

ANNUAL REFURI				, Secretary of State		
DOCUMENT # P95000072324  1. Entity Name PALADIN INVESTMENTS, INC.						<b>,</b>
220 EAST FO	DRSYTH STREET	Matting Address  220 EAST FORSYTH STREET SOUTH SUITE JACKSONVILLE, FL 32202			F 5847 8881 FBS  FBS 8418	
E	OO NOT WRITE	N THIS SPA	ÇE	04272008 4. FEI Numbi 59-334	No Chg-P	CR2E034 (11/05)  Applied For Not Applicate
				5. Certificate	of Status Desired	☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						
BUCK, RICHARD W ESQ. 220 EAST FORSYTH STREET SOUTH SUITE JACKSONVILLE, FL 32202			The state of the s		NOT W	
the obligat	named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or registe	red agent, or bo	In, in the State of Flo	rida. I am familiar with, and accep
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. Priore, Register			ed Agent signatura requira	d when minstalling)		DATE
FILE NOWIR FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fine Trust Fund Contribution				.00 May Be led to Fees		
10.	OFFICERS AND DIR	ECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, RICHARD W 10109 LAKE LAMAR COURT JACKSONVILLE, FL 32256					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCK, CAROL ANNE 10109 LAKE LAMAR COURT JACKSONVILLE, FL 32256			. •	. <b>U000</b> 0 85/16/0	00555721 6-80 <u>0</u> 43-021 150.0
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ere			

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

4/27/2006

904-358-8862

Osytime Phone €