

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90025 014 \*\*\*150.00

<b>DOCUMENT # P96000004605</b> 1. Entity Name <b>PARADISE METAL WORKS, INC.</b>					
Principal Place of Business <b>2165 12TH STREET SARASOTA, FL 34237 US</b>			Mailing Address <b>2165 12TH STREET SARASOTA, FL 34237 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/>				02182008 Chg-P CR2E034 (12/06)	
4. FEI Number <b>59-3357034</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PAULEY, PATRICIA J 4725 SARASOTA AVENUE SARASOTA, FL 34234</b>			7. Name and Address of New Registered Agent Name <b>Patricia J. Pauley</b> Street Address (P.O. Box Number is Not Acceptable) <b>4023 Oceanside St</b> City <b>North Port</b> FL Zip Code <b>34286</b>		
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 <b>Patricia J. Pauley</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>3-3-08</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>PAULEY, JEROME E</b> <input type="checkbox"/> Delete <b>4725 SARASOTA AVE</b> <b>4023 Oceanside St</b> <b>SARASOTA, FL</b> <b>North Port FL 34286</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4023 Oceanside St</b> <b>North Port, FL 34286</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>REECE, KARI J</b> <input type="checkbox"/> Delete <b>3940 BEEBER ST</b> <b>NORTH PORT, FL 342872965</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>REECE, MICHAEL T</b> <input type="checkbox"/> Delete <b>3940 BEEBER ST</b> <b>NORTH PORT, FL 342872965</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Jerome E. Pauley</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-26-08 941-331-4381</b> <small>Date Daytime Phone #</small>		