.2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000047078

1. Entity Name

PARADIGM ALLIANCE GROUP, INC.



Principal Place of Business

18840 GULF BLVD

SUITE #1

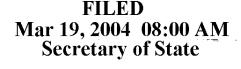
INDIAN SHORES, FL 33785

Mailing Address

18840 GULF BLVD

SUITE #1

INDIAN SHORES, FL 33785





03132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3384577

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SORANNO, PATRICK 18840 GULF BLVD SUITE #1

INDIAN SHORES, FL 33785_

DO NOT WRITE IN THIS SPACE

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

10.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST ZIP TISLE NAME STREET ADDRESS CITY - SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Signature, typen or printed name of registered agem and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

BONITA SPRINGS, FL 34135

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

THE NAME CONLEY, CHUCK 8514 PARK HAWK CIRCLE STREET ADDRESS COLUMBIA, MD 21045 C81Y- S1-2IP TATLE SORANNO, PATRICK MAASE STREET ADDRESS 1884O GULF BLVD C114 - 21 - 215 INDIAN SHORE, FL 33785 TITLE HALLDIN, JACK MAME 13111 BRIDEFORD AVE STREET ADDRESS

OFFICERS AND DIRECTORS

U00000092413 03/19/04-80009-001 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 118.07(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR