


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000067525 1. Entity Name OO PARADIGM CONSULTING, INC.	
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Principal Place of Business 218 GANNETT RD. MOORESVILLE, NC 28117	Mailing Address 218 GANNETT RD. MOORESVILLE, NC 28117
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**DO NOT WRITE IN THIS SPACE**

( P96000067525P )

02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0687759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARSONS, MICHAELL J CPA  
1224 US HWY ONE STE H  
NORTH PALM BEACH, FL 33408

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000830252 02/26/08-80076-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ADAMS, DENNIS R 218 GANNETT RD. MOORESVILLE, NC 28117
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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 any other like empowered.

SIGNATURE: Dennis Adams 2/15/2008 7045009639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #