

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082531

FILED
Apr 30, 2004
Secretary of State

Entity Name: ADVANCED PARADIGM GROUP INCORPORATED

Current Principal Place of Business:

3267 PROGRESS DRIVE
SUITE 117
ORLANDO, FL 32826 US

New Principal Place of Business:

Current Mailing Address:

1097 HOWELL HARBOR DR
CASSELBERRY, FL 327075800 US

New Mailing Address:

FEI Number: 59-3406875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRMAN, WILLIAM R ESQ
409 MONTGOMERY ROAD
SUITE 105
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

ROBERT, ROBEY L
1097 HOWELL HARBOR DR
CASSELBERRY, FL 327075800 US

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.

SIGNATURE: ROBERT L. ROBEY

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: ROBEY, ROBERT L
Address: 1097 HOWELL HARBOR DR
City-St-Zip: CASSELBERRY, FL 32707 US

Title: V () Delete
Name: HARWOOD, EVERETT E
Address: 3874 S. LAKE ORLANDO PARKWAY
City-St-Zip: ORLANDO, FL 32808 US

Title: T () Delete
Name: THOMPSON, JAMES
Address: 2709 WEKIVA MEADOWS COURT
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete
Name: PICONE, PAUL
Address: 837 N. LAKE CLAIRE CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PICONE, PAUL
Address: 837 LAKE CLAIRE CR
City-St-Zip: OVIEDO, FL 32765 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. ROBEY

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date