## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000031284

Entity Name: PARADISE LOVING CARE IN

FILED Apr 29, 2006 Secretary of State

| Entity Na                                     | ime: PARADIS                       | SE LOVING CARE, INC.           |   |  |
|---|------------------------------------|--------------------------------|---|--|
| Current Principal Place of Business:          |                                    |                                | New Principal Place of Business:          |  |
|   | 3RD STREET<br>ION, FL 3331         | 7                              |   |  |
| Current Mailing Address:                      |                                    |                                | New Mailing Address:                      |  |
|   | 3RD STREET<br>ION, FL 3331         | 7                              |   |  |
| FEI Numbe                                     | r: 65-0743898                      | FEI Number Applied For()       | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )                      |
| Name and Address of Current Registered Agent: |                                    |                                | Name and Address of New Registered Agent: |  |
| 1317 NE FT LAUD                               | ERDALE, FL 3                       | 3304 US                        | ourpose of changing its registered        | d office or registered agent, or both,                 |
| SIGNATU                                       |                                    |                                |   |  |
|   |                                    | nic Signature of Registered Ag | ent                                       | Date   |
| Election Ca                                   | ampaign Financin                   | g Trust Fund Contribution ( ). |   |  |
| OFFICERS AND DIRECTORS:                       |                                    |                                |   |  |
|   | O AND DINEC                        | TORS:                          | ADDITIONS/CHANGE                          | S TO OFFICERS AND DIRECTORS:                           |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P (<br>GRIGOU, ANIT<br>4541 NW 3RD | ) Delete<br>HE<br>STREET       |   | ES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANITHE GRIGOU ADMI 04/29/2006