2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000048614

1. Entity Name
PARAMOUNT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
5205 S. ORANGE AVE SUITE 202 ORLANDO, FL 32809 US	5205 S. ORANGE AVE SUITE 202 ORLANDO, FL 32809 US

DO NOT WRITE IN THIS SPACE

02162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3451586

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NORTH, THOMAS M
5205 S. ORANGE AVE ST 202
ORLANDO, FL 32809

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000839383
03/06/08-80005-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORTH, THOMAS M
STREET ADDRESS	5217 DRISCOLL COURT
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D
NAME	NORTH, SANDRA A
STREET ADDRESS	5217 DRISCOLL COURT
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	T
NAME	MCCONNAUGHHAY, MICHELLE L
STREET ADDRESS	4823 BERRYWOOD DR.
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	S
NAME	NORTH-WILKES, RENEE L
STREET ADDRESS	3040 TALL TIMBER DR
CITY-ST-ZIP	ORLANDO, FL 328126053
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Thomas M. North 2-20-8 407-851-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #