

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048614

Entity Name: PARAMOUNT SOLUTIONS, INC.

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

5205 S. ORANGE AVE  
SUITE 202  
ORLANDO, FL 32809 US

## New Principal Place of Business:

## Current Mailing Address:

5205 S. ORANGE AVE  
SUITE 202  
ORLANDO, FL 32809 US

## New Mailing Address:

FEI Number: 59-3451586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NORTH, THOMAS M  
Address: 5217 DRISCOLL COURT  
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete  
Name: NORTH, SANDRA A  
Address: 5217 DRISCOLL COURT  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete  
Name: MCCONNAUGHAY, MICHELLE L  
Address: 4823 BERRYWOOD DR.  
City-St-Zip: ORLANDO, FL 32812

Title: S ( ) Delete  
Name: NORTH-WILKES, RENEE L  
Address: 3040 TALL TIMBER DR  
City-St-Zip: ORLANDO, FL 328126053

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NORTH, THOMAS M PRES  
Address: 5217 DRISCOLL COURT  
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Change ( ) Addition  
Name: NORTH, SANDRA A V/P  
Address: 5217 DRISCOLL COURT  
City-St-Zip: ORLANDO, FL 32812

Title: T (X) Change ( ) Addition  
Name: MCCONNAUGHAY, MICHELLE L TREAS  
Address: 4823 BERRYWOOD DR.  
City-St-Zip: ORLANDO, FL 32812

Title: S (X) Change ( ) Addition  
Name: NORTH-WILKES, RENEE L SEC  
Address: 3040 TALL TIMBER DR  
City-St-Zip: ORLANDO, FL 328126053

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS M NORTH

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date