2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILEN SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P97000079338** 06 AUG -4 AM 11: 07 A WEDDING DREAM IN PARADISE, INC. Principal Place of Business Mailing Address 9823 CAPSTAN CT. 9823 CAPSTAN CT. FT. MYERS, FL 33919 FT. MYERS, FL 33919 03122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0786607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERMAN, SHARON L DO NOT WRITE 9823 CAPSTAN CT. FT. MYERS, FL 33919 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees AUG 1 5 2006 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME GERMAN, SHARON L 9823 CASTAN COURT STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33919 800078383888 08/04/06--01051--003 **185.00 ST GERMAN, MICHAEL J MAME STREET ADDRESS 9823 CAPSTAN COURT FT MYERS, FL 33919 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 28 2006 239-481-3828