

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007315

FILED
Apr 26, 2005
Secretary of State

Entity Name: PARADIGM APPLICATION SOLUTIONS, INC.

Current Principal Place of Business:

21182 FALLS RIDGE WAY
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

21182 FALLS RIDGE WAY
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 65-0813828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOEL, SUNITA
21182 FALLS RIDGE WAY
BOCA RATON, FL 33428 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: VP () Delete
Name: GOEL, VIKRAM
Address: 21182 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Delete
Name: GOEL, SUNITA
Address: 21182 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Delete
Name: MURPHY, GARY
Address: 21182 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Delete
Name: MONGILLO, MARK
Address: 21182 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: VIKRAM GOEL

VP

04/26/2005

Electronic Signature of Signing Officer or Director

Date