

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013595

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: PARADISE PROPERTY MANAGEMENT, INC.

## Current Principal Place of Business:

6300 JANES LANE  
NAPLES, FL 34109

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 2134  
BONITA SPRINGS, FL 341332134

## New Mailing Address:

FEI Number: 59-3495736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DOXEY, ROBIN H ESQ.  
C/O COX & NICI 1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

JOHNSON, CHRISTOPHER  
7995 BEAUMONT CT  
NAPLES, FL 34109 US

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: CHRISTOPHER JOHNSON

04/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete  
Name: JOHNSON, CHRIS  
Address: 6300 JANES LANE  
City-St-Zip: NAPLES, FL 34109

Title: DPS ( ) Delete  
Name: DI MODICA, ROBERT  
Address: 6300 JANES LANE  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPT (X) Change ( ) Addition  
Name: JOHNSON, CHRISTOPHER  
Address: 6300 JANES LANE  
City-St-Zip: NAPLES, FL 34109 US

Title: DPS (X) Change ( ) Addition  
Name: DI MODICA, ROBERT  
Address: P.O. BOX 2134  
City-St-Zip: BONITA SPRINGS, FL 341332134 US

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: CHRISTOPHER JOHNSON

DVPT

04/14/2006

Electronic Signature of Signing Officer or Director

Date