2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000040213

Entity Name: PARAGON FINANCIAL SERVICES OF SOUTHWEST FLORIDA, INC.

FILED Feb 17, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FORT MYERS, FL 33919

Current Principal Place of Business: New Principal Place of Business:

8270 COLLEGE PKWY 8280 COLLEGE PKWY

SUITE 104 SUITE 103

FORT MYERS, FL 33919 US FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

8270 COLLEGE PKWY 8280 COLLEGE PKWY

SUITE 103 SUITE 104

FORT MYERS, FL 33919 US FORT MYERS, FL 33919 US

FEI Number: 65-0844879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONRAD, DEBBIE CONRAD, DEBBIE 8270 COLLEGE PKWY 8280 COLLEGE PKWY

STE 104 STE 103 FORT MYERS, FL 33919 US FORT MYERS, FL 33919 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: 02/17/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

FORT MYERS, FL 33919

OFFICERS AND DIRECTORS:

City-St-Zip:

City-St-Zip:

() Delete Title: (X) Change () Addition

City-St-Zip:

Title: CONRAD, DEBBIE CONRAD, DEBBIE Name: Name: 8270 COLLEGE PKWY # 104 8280 COLLEGE PKWY # 103 Address: Address:

Title: DTS () Delete Title: (X) Change () Addition KLEINDIENST, MICHELLE Name: KLEINDIENST, MICHELLE Name: Address:

8270 COLLEGE PKWY Address: 8280 COLLEGE PKWY #103 FORT MYERS, FL 33919 FORT MYERS, FL 33919 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: MICHELLE KLEINDIENST DTS 02/17/2005