





# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90161 046 \*\*\*150.00

<b>DOCUMENT # P99000021514</b> 1. Entity Name <b>PARADIGM TECHNOLOGY SOLUTIONS, INC.</b>					
Principal Place of Business <del>6305 WESTWOOD BLVD.</del> <del>SUITE 200</del> <del>ORLANDO, FL 32821</del>			Mailing Address <del>6305 WESTWOOD BLVD.</del> <del>SUITE 200</del> <del>ORLANDO, FL 32821</del>		
2. Principal Place of Business <b>1768 Park Center Drive</b> Suite, Apt. #, etc. <b>Suite 325</b> City & State <b>Orlando, FL</b> Zip <b>32835</b>		3. Mailing Address <b>1768 Park Center Drive</b> Suite, Apt. #, etc. <b>Suite 325</b> City & State <b>Orlando, FL</b> Zip <b>32835</b>		<b>40068829</b> 	
4. FEI Number <del>59-2247646</del> <b>52-2217646</b>		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SHAH, KAM A</b> <b>11545 DELWICK DRIVE</b> <b>WINDERMERE, FL 34786</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SORANNO, PATRICK C 4892 WESTCHESTER CT. OLDSMAR, FL 34677	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, NEELA +11545 DELWICK DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SHAH, KAMLESH 11545 DELWICK DRIVE WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESHPANDE, ANIL 7551 POINTVIEW CIRCLE ORLANDO, FL 32836	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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 another like empowered.					
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4/24/06</b> Daytime Phone # _____					