2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 24, 2006 08:00 AM Secretary of State **DOCUMENT # P99000079288** 1. Entity Name PARAGON CONSULTING, INC. Principal Place of Business Mailing Address 15000 SW 72ND COURT 15000 SW 72ND COURT MIAMI, FL 33158 MIAMI, FL 33158 02272006 Na Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0945570 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAO, ROBERT DO NOT WRITE 15000 SW 72 CT MIAMI, FL 33158 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 regulard when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE CAO, ROBERT MARAE STREET ACORESS 15000 SW 72ND COURT CITY -ST-ZIP MIAMI, FL 33158 U00000479724 04/10/06-80015-011 150.00 NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-78 IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 cath, that I am an officer or director of the corporation or the receiver gratuates, 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 action of the receiver gratuates with all other like empowered. ess with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> KOBERT CAO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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