


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90093 039 \*\*\*150.00

**DOCUMENT # P99000102631**

1. Entity Name  
**PARADISE MOTEL, INC.**



Principal Place of Business  
**4501 W. VINE ST  
 KISSIMMEE, FL 34746**

Mailing Address  
**1221 E. ROBINSON ST  
 ORLANDO, FL 32801**


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**105 E. SR 434**  
 Suite, Apt. #, etc.

City & State  
**WINTER SPRINGS FL**

Zip  
**32708**

Country  
**USA**



04142007 Ctg-F CR2E034 (12/06)

4. FEI Number  
**59-3611293**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FONG, DAVID  
 1221 E. ROBINSON ST  
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**105 E. SR 434**

City  
**WINTER SPRINGS FL**

Zip Code  
**32708**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SOHAN, URVASI D 3109 BIRD'S REST PLACE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOHAN, URVASI D 3109 BIRD'S REST PLACE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Lewasi Sohan 4-28-07 407-396-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #