

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90029 049 ***150.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # P99000103893 1. Entity Name PARAGON MORTGAGE ADVISORS, INC. | | | | | |
| Principal Place of Business 11911 US HIGHWAY 1 SUITE 201 NORTH PALM BEACH, FL 33408 | | | Mailing Address 11911 US HWY 1 SUITE 201 NORTH PALM BEACH, FL 33408 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01312006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 65-0964145 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JACOBS, BRIAN 533 LIGHTHOUSE DR NORTH PALM BEACH, FL 33408 | | | 7. Name and Address of New Registered Agent Name WILLIAM JAMES COLLINS Street Address (P.O. Box Number is Not Acceptable) 2106 SW HYACINTH ST. City PORT ST. LUCIE, FL Zip Code 34953 | | |
| 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 <u>William J Collins</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRES JACOBS, BRIAN 533 LIGHTHOUSE DRIVE NORTH PALM BEACH, FL 33408 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRES WILLIAM JAMES COLLINS 2106 SW HYACINTH ST. PORT ST. LUCIE, FL 34953 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V GIGANTE, PATRICK P 363 KELSEY PARK CIR. PALM BEACH GARDENS, FL 33410 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP IAN COLLINS 771 NW SUNSET DR. STUART, FL 34994 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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"/> Delete | | 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 another like empowered. | | | | | |
| SIGNATURE: <u>William J Collins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | WILLIAM JAMES COLLINS Date <u>772.260.3407</u> <small>Daytime Phone #</small> | | |

40011276

ATTACHMENT # P 99 000 103893

COHEN, NORRIS, SCHERER
WEINBERGER & WOLMER

ATTORNEYS AT LAW

GARY J. COHAN*
FRED C. COHEN, P.A.**
GREGORY R. COHEN
BERNARD A. CONKO[*][**]
RYAN S. COPPLE
DOMINIC S. LIBERI*
RICHARD J. MEEHAN*
ALFRED G. MORICI*
DAVID B. NORRIS, P.A.
PETER R. RAY
M. RICHARD SAPIR, P.A.*
KENNETH J. SCHERER, P.A.
KYLE A. SILVERMAN*
JAMES S. TELEPMAN***
ROBERT M. WEINBERGER, P.A.
BRENT G. WOLMER, P.A.

February 7, 2006

*Of Counsel
**Board Certified Real Estate
***Board Certified Business Litigation

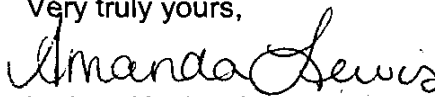
Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: PARAGON MORTGAGE ADVISORS, INC.
Our File Number 30563.000
2006 Uniform Business Reports

Dear Sir/Madam:

Enclosed please find the above referenced annual report for said entity together with the attached check in the applicable amount of \$150.00 for the filing fee to cover the cost of filing the entity. Please file same as required. Thank you for your assistance in this matter.

Very truly yours,


for Larissa K. Lincoln
Legal Assistant

2006UBRParagonMortgageInc.ltr
Cc: William Collins

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

712 U.S. HIGHWAY ONE • SUITE 400 • P.O. BOX 13146 • NORTH PALM BEACH, FLORIDA 33408-7146
TELEPHONE: (561) 844-3600 • FACSIMILE: (561) 842-4104