

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02227

FILED
Aug 03, 2006
Secretary of State

Entity Name: PALADIN CONSULTANTS, INC.

Current Principal Place of Business:

1230 STANLEY ST
LONGWOOD, FL 32750 US

New Principal Place of Business:

20 W LUCERNE CIRCLE
APT 616
ORLANDO, FL 32801 US

Current Mailing Address:

1230 STANLEY ST
LONGWOOD, FL 32750 US

New Mailing Address:

20 W LUCERNE CIRCLE
APT 616
ORLANDO, FL 32801 US

FEI Number: 59-3103630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAFT, JOHN B.
1230 STANLEY ST
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

CRAFT, JOHN B.
20 W LUCERNE CIRCLE
APT 616
ORLANDO, FL 32801 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:

08/03/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRAFT, JOHN B.,
Address: 1230 STANLEY ST
City-St-Zip: LONGWOOD, FL 32750

Title: ST () Delete
Name: CRAFT, LINDA D
Address: 1230 STANLEY ST
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: CRAFT, MATTHEW A
Address: 1230 STANLEY STREET
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: CRAFT, MICHAEL R
Address: 1230 STANLEY STREET
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRAFT, JOHN B.,
Address: 20 W LUCERNE CIRCLE, APT 616
City-St-Zip: ORLANDO, FL 32801

Title: ST (X) Change () Addition
Name: CRAFT, LINDA D
Address: 20 W LUCERNE CIRCLE, APT 616
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: CRAFT, MATTHEW A
Address: 20 W LUCERNE CIRCLE, APT 616
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: CRAFT, MICHAEL R
Address: 20 W LUCERNE CIRCLE, APT 616
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN B. CRAFT

PRES

08/03/2006

Electronic Signature of Signing Officer or Director

Date