

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02227

FILED
Jan 30, 2007
Secretary of State

Entity Name: PALADIN CONSULTANTS, INC.

Current Principal Place of Business:

20 W LUCERNE CIRCLE
APT 616
ORLANDO, FL 32801 US

New Principal Place of Business:

361 MAGNOLIA PL
DEBARY, FL 32713 US

Current Mailing Address:

20 W LUCERNE CIRCLE
APT 616
ORLANDO, FL 32801 US

New Mailing Address:

361 MAGNOLIA PL
DEBARY, FL 32713 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.
20 W LUCERNE CIRCLE
APT 616
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CRAFT, JOHN B.
361 MAGNOLIA PL
DEBARY, FL 32713 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:

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRAFT, JOHN B.,
Address: 361 MAGNOLIA PL
City-St-Zip: DEBARY, FL 32713

Title: ST (X) Change () Addition
Name: CRAFT, LINDA D
Address: 361 MAGNOLIA PL
City-St-Zip: DEBARY, FL 32713

Title: D (X) Change () Addition
Name: CRAFT, MATTHEW A
Address: 361 MAGNOLIA PL
City-St-Zip: DEBARY, FL 32713

Title: D (X) Change () Addition
Name: CRAFT, MICHAEL R
Address: 361 MAGNOLIA PL
City-St-Zip: DEBARY, FL 32713

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

PD

01/30/2007

Electronic Signature of Signing Officer or Director

Date