

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10009

FILED
Apr 12, 2004
Secretary of State

Entity Name: PARADISE BUSINESS SOFTWARE, INC.

Current Principal Place of Business:

30617 US 19 NORTH
STE. 304
PALM HARBOR, FL 34684 US

New Principal Place of Business:

5301 WHIPPOORWILL DRIVE
HOLIDAY, FL 34690 US

Current Mailing Address:

30617 US 19 NORTH
STE. 304
PALM HARBOR, FL 34684 US

New Mailing Address:

P.O. BOX 1898
ELFERS, FL 34680 US

FEI Number: 59-3108744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLINGER, MARIE
30617 US 19 NORTH
SUITE 302
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

DILLINGER, MARIE
P.O. BOX 1898
ELFERS, FL 34680 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:

04/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DILLINGER, MARIE
Address: 30617 US 19 NORTH, SUITE 304
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DILLINGER, MARIE
Address: P.O. BOX 1898
City-St-Zip: ELFERS, FL 34680

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIE DILLINGER

PD

04/12/2004

Electronic Signature of Signing Officer or Director

Date