

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10009

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** PARADISE BUSINESS SOFTWARE, INC.

**Current Principal Place of Business:**

1770 BAYSHORE BLVD  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 285  
DUNEDIN, FL 34697 US

**New Mailing Address:**

1770 BAYSHORE BLVD  
DUNEDIN, FL 34698 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-VASILE, MARIE  
1770 BAYSHORE BLVD  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: DILLINGER-VASILE, MARIE  
Address: P.O. BOX 285  
City-St-Zip: DUNEDIN, FL 34697 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIE DILLINGER-VASILE

MS.

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date