2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V66148

1. Entity Name
PARADIGM ARCHITECTS AND DESIGNERS, INC.

Principal Place of Business	Mailing Address
218 S. U.S. HIGHWAY ONE	218 S. U.S. HIGHWAY ONE
101-A	101-A
TEQUESTA, FL 33469 US	TEQUESTA, FL 33469 US

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0360232	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, WILLIAM M.
218 S. U.S. HIGHWAY ONE
101-A
TEQUESTA, FL 33469

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing   **$5.00** May Be
   Trust Fund Contribution ☐   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WATKINS, WILLIAM M.
STREET ADDRESS	128 SEGOVIA WAY
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06-80018-005 150.00

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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 all other like empowered.

SIGNATURE: _WILLIAM M. WATKINS_   WILLIAM M. WATKINS   1/05/06   561-747-3154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #