

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2007  
Secretary of State**

DOCUMENT# H67059

Entity Name: PAARIS GOURMET, INC.

**Current Principal Place of Business:**

C/O ARIS A. VOYER  
280 SUNSET AVENUE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ARIS A. VOYER  
280 SUNSET AVENUE  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 59-2573265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VOYER, ARIS A.  
500 OYSTER RD.  
N. PALM BEACH, FL 33408      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVP      ( ) Delete  
Name: VOYER, ARIS A.,  
Address: 500 OYSTER RD.  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D      ( ) Delete  
Name: VOYER, PATRICIA J.,  
Address: 500 OYSTER RD.  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: P      ( ) Delete  
Name: VOYER, ARTHUR D., JR.,  
Address: 3800 WASHINGTON RD APT 701  
City-St-Zip: WEST PALM BEACH, FL 33405

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

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

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

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: ARIS A. VOYER

VP

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date