
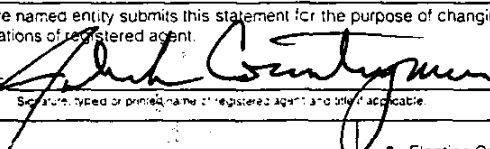
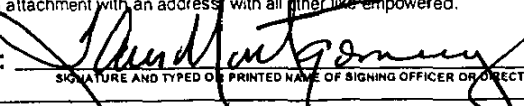


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90347 018 \*\*\*158.75

<b>DOCUMENT # P05000030950</b>					
1. Entity Name PARADISE BY DESIGN, INC.					
Principal Place of Business <del>2250 DRUID ROAD E #103</del> CLEARWATER, FL 33764		Mailing Address <del>2250 DRUID ROAD E #103</del> CLEARWATER, FL 33764			
2. Principal Place of Business - No P.O. Box # 3000 Gulf to Bay Blvd.		3. Mailing Address 3000 Gulf to Bay Blvd.			
Suite, Apt. #, etc. Suite 221		Suite, Apt. #, etc. Suite 221			
City & State Clearwater, FL		City & State Clearwater, FL		4. FEI Number: 11-3744337	
Zip 33759		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COUNTRYMAN, JOHN A 16011 NEBRASKA AVE N SUITE 106 LUTZ, FL 33549			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
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: 				DATE: April 22, 2008	
Signature typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE	DPTS	<input checked="" type="checkbox"/> Delete	TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, JAMES W JR		NAME	Montgomery, James W. Jr.	
STREET ADDRESS	<del>2250 DRUID ROAD E #103</del>		STREET ADDRESS	3000 Gulf to Bay Blvd. Suite 221	
CITY-ST-ZIP	<del>CLEARWATER, FL 33764</del>		CITY-ST-ZIP	Clearwater, Fl 33759	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: April 22, 2008 (727) 669-6878		
Signature and typed or printed name of signing officer or director			Date		

40084609



04222008 Chg-P CR2E034 (12/06)