


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # H75336 1. Entity Name ALBERT M. ESPOSITO & ASSOCIATES, INC.	
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Principal Place of Business 326 MOODY BLVD. P.O. BOX 1836 FLAGLER BCH, FL 32136-8836	Mailing Address 326 MOODY BLVD. P.O. BOX 1836 FLAGLER BCH, FL 32136-8836
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DO NOT WRITE IN THIS SPACE



02162007 No Chg-P CR2E034 (11/05)

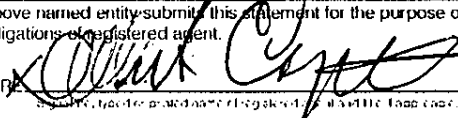
4. FEI Number 59-2578604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPOSITO, ALBERT M.
326 MOODY BLVD.
P.O. BOX 1836
FLAGLER BCH, FL 32136

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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:  Albert M. Esposito Pres. 2/2/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ESPOSITO, ALBERT M. 200 LAMBERT AVE., STE 2 FLAGLER BCH, FL 32136
TITLE NAME STREET ADDRESS CITY ST ZIP	VTSD WHITE, NANCY C 301 CEDAR LN, P.O. BOX 766 FLAGLER BCH, FL
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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:  Pres. 2/22/07 386 439 5783