

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90001 022 ***150.00

DOCUMENT # L72334	
1. Entity Name	
JOHNSON LIPMAN CORPORATION	

DO NOT WRITE IN THIS SPACE

0026255

2. Principal Place of Business 4407 WEST HILLSBORO BLVD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State COCONUT CREEK, FL	City & State	4. FEI Number 65-0208661	Applied For <input type="checkbox"/> Not Applicable
Zip 33073	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name DICKENSON, DAVID	
Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HWY.	
SUITE 410	
City BOCA RATON	Zip Code FL 33432

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

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LIPMAN, MICHAEL R 4407 W. HILLSBORO BLVD. COCONUT CREEK, FL. 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHNSON, CHRISTOPHER 4407 W. HILLSBORO BLVD. COCONUT CREEK, FL. 33073
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael R Lipman Michael R Lipman 2-7-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #