


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000105923</b> 1. Entity Name <b>CHRISTOPHER A. DESROCHERS, P.A.</b>	
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Principal Place of Business <b>2504 AVE. G NW WINTER HAVEN, FL 33880</b>	Mailing Address <b>2504 AVE. G NW WINTER HAVEN, FL 33880</b>
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01082008 No Chg-P CR2E034 (11/05)

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4. FEI Number <b>59-3755897</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>DESROCHERS, CHRISTOPHER A 2504 AVE. G NW WINTER HAVEN, FL 33880</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000894554 02/22/08-80058-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DESROCHERS, CHRISTOPHER
STREET ADDRESS	2504 AVE G NW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:** CHRISTOPHER DESROCHERS 2/19/08 863-299-8309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #