

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109524

FILED
Feb 25, 2008
Secretary of State

Entity Name: LAUDADIO AND ASSOCIATES, PA

Current Principal Place of Business:

210 N UNIVERSITY DR
SUITE 404
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

210 N UNIVERSITY DR
SUITE 404
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-1155347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUDADIO, JOHN A
210 N UNIVERSITY DR
SUITE 404
CORAL SPRINGS, FL 33071 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: PD () Delete
Name: LAUDADIO, JOHN A
Address: 10375 NW 4TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: LAUDADIO, MARNIE
Address: 10375 NW 4TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD () Delete
Name: WHEELER, MELISSA A
Address: 6637 SCHOONER TER
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: LAUDADIO, JEREMY
Address: 9601 SANTA ROSA
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete
Name: LAUDADIO, JASON M
Address: 2608-A N TUSTIN AVE.
City-St-Zip: SANTA ANA, CA 92705

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:

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: MELISSA WHEELER

SD

02/25/2008

Electronic Signature of Signing Officer or Director

_____ Date