

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013388

FILED
Aug 01, 2007
Secretary of State

Entity Name: SAMUEL JAMES & ASSOCIATES, INC.

Current Principal Place of Business:

1861 SW 70 AVENUE
PLANTATION, FL 33317

New Principal Place of Business:

13910 MONTICELLO STREET
DAVIE, FL 33325

Current Mailing Address:

1861 SW 70 AVENUE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 11-3676093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, ROBERT E
1155 HERON BLVD. SUITE 200
CORAL SPRINGS, FL 33076 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ST. GEORGE, SAMUEL J
Address: 1861 SW 70 AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: O () Delete
Name: ST. GEORGE, CLUNY R
Address: 1861 SW 70 AVE
City-St-Zip: PLANTATION, FL 33317

Title: O () Delete
Name: ST. GEORGE, JAMES
Address: 1861 SW 70 AVE
City-St-Zip: PLANTATION, FL 33317

Title: CEO () Delete
Name: OLIVERA, EDMUND
Address: 1861 SW 70 AVE
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ST. GEORGE, SAMUEL J
Address: 13910 MONTICELLO ST
City-St-Zip: DAVIE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: OLIVERA, EDMUND
Address: 1861 SW 70 AVE
City-St-Zip: PLANTATION, FL 33317

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: SAMUEL J ST GEORGES

D

08/01/2007

Electronic Signature of Signing Officer or Director

_____ Date