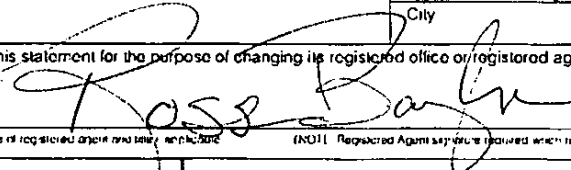
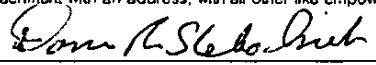


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-08-2007 90056 006 ***150.00

DOCUMENT # P04000144278					
1. Entity Name LAW OFFICE OF DONNA R. SLEBODNIK, P.A.					
Principal Place of Business 20 SURF ROAD OCEAN RIDGE FL 33435			Mailing Address 20 SURF ROAD OCEAN RIDGE FL 33435		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-7805112	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAYLOR, ROSS G ESQUIRE 1551 FORUM PLACE SUITE 200 D WEST PALM BEACH FL 33401				7. Name and Address of New Registered Agent ROSS BAYLOR ESQ 600 NORTHLAKE BLVD NORTH PALM BEACH FL 33408	
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  2/22/07 Signature, typed or printed name of registered agent and date, and date (NOT: Registered Agent signature required when transacting) DAN					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLEBODNIK, DONNA R 20 SURF ROAD OCEAN RIDGE FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SLEBODNIK, DONNA R 20 SURF ROAD OCEAN RIDGE FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SLEBODNIK, DONNA R 20 SURF ROAD OCEAN RIDGE FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DONNA R SLEBODNIK 561-278-1476 2/22/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					