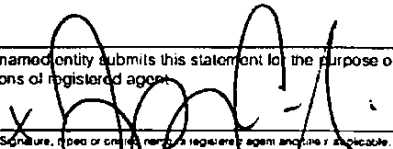
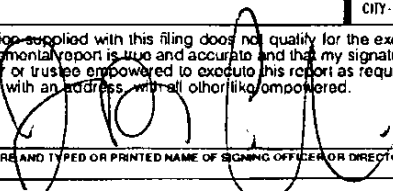


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-07-2007 90052 016 ***150.00

DOCUMENT # P05000048079 1. Entity Name GIARDINALAW, P.A.					
Principal Place of Business 3706 W. MCKAY AVE. SUITE B TAMPA FL 33609				Mailing Address 3706 W. MCKAY AVE. SUITE B TAMPA FL 33609	
2. Principal Place of Business - No P.O. Box # 3802 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 11		3. Mailing Address 3802 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 11		1st MOORE CR2E034 (10/06)	
City & State Tampa, Florida		City & State Tampa, Florida		4. FEI Number 65-1245139 Applied For ☐ Not Applicable	
Zip 33629 Country USA		Zip 33629 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIARDINA, JAMES S 3706 W. MCKAY AVE. SUITE B TAMPA FL 33609				7. Name and Address of New Registered Agent Name James S. Giardina Street Address (P.O. Box Number is Not Acceptable) 3802 Bay to Bay Blvd. Suite 11 City Tampa FL Zip Code 33629	
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  James S. Giardina DATE 4/20/07 Signature, typed or printed name of registered agent and the fee is applicable. (NOTE: Registered Agent signature required when reappointing)					
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 \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GIARDINA, JAMES S 3706 W. MCKAY AVE. SUITE B TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Giardina, James S 3802 Bay to Bay Blvd. Suite 11 Tampa, FL 33629	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					