2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000107541

Name:

Address:

City-St-Zip:

PALMER, ROXANNE

SANFORD, FL 32771

2660 TWEED RUN

FILED Dec 14, 2007 Secretary of State

Entity Nan	1e: F.Y.P.I	M. AND ASSO	CIATES INC					
Current Principal Place of Business:				New Pr	New Principal Place of Business:			
2660 TWEE SANFORD								
Current Mailing Address:				New Ma	New Mailing Address:			
2660 TWEE SANFORD								
FEI Number: 20-3241071 FEI Number Applied For () FEI Number				FEI Number Not A	umber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name a	Name and Address of New Registered Agent:			
PALMER, J 2660 TWEE SANFORD	ED RUN , FL 32771		ctatement for the pro-	urnose of changing	a ita ragistar	ed office or registered agent, or both,		
in the State		ty Submits tills	statement for the p	urpose or changin	g its register	ed office of registered agent, or both,		
SIGNATUR	RE:							
	Elect	ronic Signature	e of Registered Age	nt		Date		
OFFICERS AND DIRECTORS:				ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	COO PALMER, JA 2660 TWEE SANFORD,	D RUN		Title: Name: Address: City-St-Zi _l	o:	() Change () Addition		
Title: Name: Address: City-St-Zip:		() Delete R, SINCLAIR ROKE DRIVE FL 32810		Title: Name: Address: City-St-Zi _l	3109 PEN	(X) Change()Addition AR, SINCLAIR IBROKE DRIVE), FL 32810		
Title:	VP	() Delete		Title:	PRES	(X) Change () Addition		

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.

Name:

Address:

City-St-Zip:

PALMER, ROXANNE

SANFORD, FL 32771

2660 TWEED RUN

SIGNATURE: ROXANNE PALMER OO 12/14/2007