

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000149187

FILED
Oct 24, 2007
Secretary of State

Entity Name: LAW OFFICE OF M. SCOTT ALLISON, P.A.

Current Principal Place of Business:

6767 NORTH WICKHAM ROAD
SUITE 400
MELBOURNE, FL 32940 US

Current Mailing Address:

6767 NORTH WICKHAM ROAD
SUITE 400
MELBOURNE, FL 32940 US

New Principal Place of Business:

6767 NORTH WICKHAM ROAD
SUITE 213
MELBOURNE, FL 32940 US

New Mailing Address:

6767 NORTH WICKHAM ROAD
SUITE 213
MELBOURNE, FL 32940 US

FEI Number: 20-3754587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, MATTHEW S
6767 NORTH WICKHAM ROAD
SUITE 400
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

ALLISON, MATTHEW S
6767 NORTH WICKHAM ROAD
SUITE 213
MELBOURNE, FL 32940 US

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: MATTHEW S. ALLISON

10/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLISON, MATTHEW S
Address: 1954 CRANE CREEK BLVD.
City-St-Zip: VIERA, FL 32940 US

Title: VP () Delete
Name: ALLISON, ELLEN M
Address: 1954 CRANE CREEK BLVD.
City-St-Zip: VIERA, FL 32940 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLISON, MATTHEW S
Address: 5203 OUTLOOK DR.
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP (X) Change () Addition
Name: ALLISON, ELLEN M
Address: 5203 OUTLOOK DR.
City-St-Zip: MELBOURNE, FL 32940 US

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: MATTHEW S. ALLISON

P

10/24/2007

Electronic Signature of Signing Officer or Director

Date