


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90111 020 ***150.00

DOCUMENT # P96000055949

1. Entity Name
 DUKE, MULLIN & GALLOWAY, P.A.



Principal Place of Business Mailing Address

1700 E. LAS OLAS BLVD 1700 E. LAS OLAS BLVD
 PH #1 PH #1
 FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 33301 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

110 SE 6 STREET Suite, Apt. #, etc.

15th FLOOR


City & State City & State

FORT LAUDERDALE, FL

Zip Country Zip Country

33301 USA

60012157



02012007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0674565 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, AMY J
 1700 E. LAS OLAS BLVD
 PH #1
 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name Amy J. Galloway

Street Address (P.O. Box Number is Not Acceptable)
 110 SE 6 STREET
 15 FLOOR

City Ft. LAUDERDALE FL Zip Code 33301

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: *Amy J. Galloway* DATE: 2-01-2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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 P NAME GALLOWAY, AMY J STREET ADDRESS 1700 E LAS OLAS BLVD PH 1 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE P NAME Amy J. Galloway STREET ADDRESS 110 SE 6 STREET 15th FLOOR FT. LAUDERDALE, FL. 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME MULLIN, JOHN M STREET ADDRESS 1700 E LAS OLAS BLVD PH 1 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE ST NAME John M. Mullin STREET ADDRESS 110 SE 6 STREET 15 FLOOR FT. LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DUKE, DAVIS W JR. STREET ADDRESS 1700 E LAS OLAS BLVD PH 1 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE JP NAME DAVIS W Duke JR STREET ADDRESS 110 SE 6 ST, 15th FLOOR FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Amy J. Galloway* Amy J. Galloway 2-1-07 954-505-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT