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Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90042 005 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000079935

1. Entity Name
FIRST COLONIAL CAPITAL CORP.

4UU17872

Principal Place of Business	Mailing Address
21301 POWERLINE RD. STE. #312 BOCA RATON, FL 33433 US	21301 POWERLINE RD. STE. #312 BOCA RATON, FL 33433 US

01152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
925 SOUTH FEDERAL HIGHWAY	925 SOUTH FEDERAL HIGHWAY
Suite, Apt. #, etc.: SUITE 425	Suite, Apt. #, etc.: SUITE 425
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number 59-3401805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, STEVEN
21301 POWERLINE RD
STE 12
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name: LEVIN, STEVEN
Street Address (P.O. Box Number is Not Acceptable): 925 SOUTH FEDERAL HIGHWAY
SUITE 425
City: BOCA RATON FL Zip Code: 33432

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: [signature] 2/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVIN, STEVEN 21301 POWERLINE RD. STE. #312 BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVIN, STEVEN 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432	☒ 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 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: [signature] 2/1/07 5619487100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #