


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90124 011 \*\*\*150.00

<b>DOCUMENT # S26791</b> 1. Entity Name NEWMAN, LEVINE & METZLER, P.A. <i>Lawyer Robert Levine, P.A.</i> NOTE NAME CHANGE			
Principal Place of Business 5809 S. 2ND STREET TAMPA, FL 33611 US		Mailing Address 5809 S. 2ND STREET TAMPA, FL 33611 US	
2. Principal Place of Business - No P.O. Box # 5813 S. MacDill Ave.		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33611		Country US	
4. FEI Number 59-3046311		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, ROBERT A.G. 5809 S. 2ND STREET TAMPA, FL 33611		7. Name and Address of New Registered Agent Name <i>Levine, Robert A.G.</i> Street Address (P.O. Box Number is Not Acceptable) 5813 S. MacDill Ave. City <i>Tampa</i> FL Zip Code <i>33611</i>	
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: <i>Robert A.G. Levine</i> DATE: <i>4/22/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP LEVINE, ROBERT A.G. 5809 S. 2ND STREET TAMPA, FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Levine, Robert A.G. 5813 S. MacDill Ave. Tampa FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert A.G. Levine</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>4/22/08</i> DAYTIME PHONE #: <i>813 805 8705</i>	

40081120



04222008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3046311 Applied For Not Applicable

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

7. Name and Address of New Registered Agent  
 Name *Levine, Robert A.G.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*5813 S. MacDill Ave.*  
 City *Tampa* FL Zip Code *33611*

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: *Robert A.G. Levine* DATE: *4/22/08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP LEVINE, ROBERT A.G. 5809 S. 2ND STREET TAMPA, FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Levine, Robert A.G. 5813 S. MacDill Ave. Tampa FL 33611
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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: *Robert A.G. Levine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: *4/22/08* DAYTIME PHONE #: *813 805 8705*



**ATTACHMENT**  
40081716  
#526791

**The date of each amendment(s) adoption:** April 22, 2008

**Effective date if applicable:** \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_."  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Robert A.G. LeVine  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert A.G. LeVine  
(Typed or printed name of person signing)

President and Director  
(Title of person signing)

**FILING FEE: \$35**