**2007 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							DECTHAR				
DOCUMENT # \$69420  1. Entity Namo  A ABILITY ADVOCATE - PAUL K. SCHRIER, P.A.							Jan 29 Sedi By:		*08:0 70£St	0 AM ate	
Principal Place of Business 11098 BISCAYNE BLVD. STE 208 MIAMI FL 33161		Mailing Address 11098 BISCAYNE BLVD. STE 208 MIAMI FL 33161									
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address					erieie ne ene ielli Gizja	(1814 EE11 G141) B181	i gilli bibli erdii	215H221 II 16W1	
Suite, Apt #, etc.		Suite, Apt #, etc.				1:	st MOORE	CR2E03	4 (10/06)		
City & Sta	te	City & State			4. FEI Numi	<sup>per</sup> 65-02856	319	<b></b>	Applied For Not Applicable		
Zip	Country	Ζiρ		Coun	try	5. Certificate	o of Status Desiro	i 🗋	\$8.75 Ac	dditional	
	6. Name and Address of Curren	t Registered	l Agent			7. Name an	d Address of Nev	r Registered	Agent	<del></del> -	
110 STE	HRIER, PAUL K. 198 BISCAYNE BLVD. E 208 AMI FL 33161	•				ss (P.O. Box Numb	per is Not Accepta	ble)		- 	
					City			FL	Zip Co	de	
After	Signature, typed or printed name of registered ager FILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.0 k Payable to Florida Department of	0	eble. (NOT	E Registered	d Agent signature requ	ured when reinstaling)	9. Election Can Trust Fund C	paign Financiontribution.	`	.00 May Be	
10.	OFFICERS AND	DIRECTOR	S	11.		ADDITIONS	/CHANGES TO O	FFICERS AN	DIRECTOR	AS IN 11	
HITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SCHRIER, PAUL K. 11098 BISCAYNE BLVD. MIAMI FL		☐ Delele		1		U00001 01/31/07	0607794 <del>-</del> 80040-1	□ Change 025 150	_	
NAME SIPEFT ADDRESS CUTY-SI-ZIP	D SCHRIER, PAUL K. 11098 BISCAYNE BLVD. MIAMI FL		☐ Defete	1					☐ Change	Addition	
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RITLE NAME STREET ADDRESS CITY - ST - ZIP	_		☐ Delete		į		-		☐ Change	Addition	
NAMI STREET ADDRESS CITY ST-ZIP			☐ Delete	City.	T ADDRESS ST-ZIP				☐ Change	Addition	
12, I hereby a indicated of the core if change	certify that the information supplied w on this report or supplemental report regardien or the receiver of trustee om d, or on an attachment with an addre	th this filing is true and a powered to ss, with all of	does not qualify focurate and that reexecute this reporther like erapower	for the ex my signat rt as requ red.	emptions conta ure shall have the lred by Chapter	ined in Section 11 ne same legal effe 607, Florida Statu	9, Florida Statuto ot as if made undo rtes; and that my r	s. I further ce or oath; that I name appoars	rtify that the am an office in Block 10	information or or director or Block 11	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: