2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467071

Entity Name: DESANTIS, GASKILL, SMITH & SHENKMAN, P.A.

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

11891 US HWY ONE 11891 US HWY ONE P.O. DRAWER 14127 SUITE 100

N. PALM BEACH, FL 334082864 N. PALM BEACH, FL 33408

Current Mailing Address: New Mailing Address:

11891 US HWY ONE 11891 US HWY ONE

P.O. DRAWER 14127 SUITE 100 N. PALM BEACH, FL 334082864

N. PALM BEACH, FL 33408

FEI Number: 59-1564030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GASKILL, TIMOTHY W. 11891 US HWY ONE

N. PALM BEACH, FL 33408 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SMITH, DONALD R. SMITH, DONALD R. Name: Name: 11891 US HWY ONE 11891 US HWY ONE Address: Address: N. PALM BEACH, FL 33408 City-St-Zip: N. PALM BEACH, FL City-St-Zip:

Title: Title: () Delete (X) Change () Addition

DESANTIS, CONRAD J DESANTIS, CONRAD J Name: Name: 11891 US HWY ONE 11891 US HWY ONE Address: Address: N. PALM BEACH, FL N. PALM BEACH, FL 33408 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

GASKILL, TIMOTHY W GASKILL, TIMOTHY W Name: Name: 11891 US HWY ONE 11891 US HWY ONE Address: Address: City-St-Zip: N. PALM BEACH, FL City-St-Zip: N. PALM BEACH, FL 33408

Title: () Delete Title: (X) Change () Addition

SHENKMAN, CURTIS L SHENKMAN, CURTIS L Name: Name: Address: 11891 US HWY 1 Address: 11891 US HWY 1 City-St-Zip: N. PALM BEACH, FL City-St-Zip: N. PALM BEACH, FL 33408

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: TIMOTHY W GASKILL ٧ 02/05/2008