


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 508240 1. Entity Name EDWIN F. KALMUS & CO., INC.	
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Principal Place of Business 6403 W. ROGERS CIRCLE PO BOX 5011 BOCA RATON, FL 33487	Mailing Address 6403 W. ROGERS CIRCLE PO BOX 5011 BOCA RATON, FL 33487
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02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1687762	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 GALISON, LAWRENCE 6403 W. ROGERS CIRCLE BOCA RATON, FL 33487	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALISON, LEON 3290 WESTMINSTER DR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALISON, LAWRENCE 17119 WHITEHAVEN DR. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GALISON, JOAN 17119 WHITEHAVEN DR. BOCA RATON, FL
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05/12/08-80024-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Leon Galison 4/18/08 5612416340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #