

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90017 003 \*\*\*150.00

<b>DOCUMENT # 553486</b> 1. Entity Name <b>RICHARD E. CLARK, P.A.</b>			
Principal Place of Business <b>721 US HIGHWAY ONE SUITE 113 NORTH PALM BEACH, FL 33408 US</b>		Mailing Address <b>721 US HIGHWAY ONE SUITE 113 NORTH PALM BEACH, FL 33408 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2925 PGA BLVD.</b>		3. Mailing Address <b>2925 PGA BLVD.</b>	
Suite, Apt. #, etc. <b>Suite 103</b>		Suite, Apt. #, etc. <b>Suite 103</b>	
City & State <b>Palm Beach Gardens FL</b>		City & State <b>Palm Beach Gardens, FL</b>	
Zip <b>33410</b>	Country <b>US</b>	Zip <b>33410</b>	Country <b>US</b>
<b>6. Name and Address of Current Registered Agent</b> <b>CLARK, RICHARD E. 721 US HIGHWAY ONE SUITE 113 NORTH PALM BEACH, FL 33408</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>2925 PGA BLVD</b> <b>Suite 103</b> City <b>Palm Beach Gardens FL</b>	
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 <u><i>Richard E. Clark</i></u> <span style="float: right;">1-22-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		4. FEI Number <b>59-1786404</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PST CLARK, RICHARD E 128 MANGROVE BAY WAY JUPITER, FL 33477</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> <u><i>Richard E. Clark</i></u> <b>RICHARD E. CLARK</b>		561/842-4868	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	