2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# 557842

Entity Name: CARTER, BELCOURT & ATKINSON, P.A.

Current Principal Place of Business:

331 SOUTH FLA. AVE
SUITE #400
LAKELAND, FL 338014626 US

New Principal Place of Business:

Current Mailing Address:

331 SOUTH FLA. AVE
SUITE #400
LAKELAND, FL 338014626 US

New Mailing Address:

FEI Number: 59-1786963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKINSON, RONALD C
331 SOUTH FLA. AVE STE 400
LAKELAND, FL 338014626 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: GARRINGER, DEBORAH P
Address: 101 E KENNEDY BLVD STE 1250
City-St-Zip: LAKELAND, FL 33801

Title: CHMN ( ) Delete
Name: ATKINSON, RONALD C.
Address: 331 S. FLA AVE #400
City-St-Zip: LAKELAND, FL 33801

Title: V ( ) Delete
Name: ANDERSON, L. IRA
Address: 331 S FL AVE #400
City-St-Zip: LAKELAND, FL 33801

Title: V ( ) Delete
Name: FISK, ALAN C
Address: 101 E KENNEDY BLVD, STE 1250
City-St-Zip: TAMPA, FL 33602

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: LEHMAN, TORI
Address: 331 S. FLA AVE #400
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Change (X) Addition
Name: GROSSMAN, J. EDWARD
Address: 331 S. FLA AVE #400
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the 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: L. IRA ANDERSON V 04/24/2007

Electronic Signature of Signing Officer or Director — Date