2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Feb 14, 2007 8:00 am Secretary of State 02-14-2007 90054 026 ***150.00 **DOCUMENT #562839** 1. Entity Name GEORGE KIRKHAM & ASSOCIATES, INC. 4001000-Principal Place of Business Mailing Address 5596 WESTERN-WAY 6542 HYPOLUXO BOAD LAKE WORTH, FL 33463 307 LAKE WORTH, FL 33467 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5440 N.Ocean Drive Sam-e as principal Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 CR2E034 (12/06) Chg-P 1407 City & State City & State 4. FEI Number Applied For Singer 59-1802733 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33404 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name George Kirkham KIRKHAM, GEORGE Street Address (P.O. Box Number is Not Acceptable) 5440 NOCEAN OF 5596 WESTERN WAY LAKE WORTH, FL 33463 R 1407 Zip Code 404 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. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be re FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition KIRKHAM, GEORGE L DR. NAME NAME 5506 WESTERN WAY 5440 N.Ocenn OV STREET ADDRESS STREET ADDRESS LAKEWORTH, FE 33463 & 1407 SKNGO! CITY-ST-ZIP CITY-ST-ZIP TITLE 🗆 Delete 🌫 TITLE ☐ Change Addition NAME NAME land STREET ADDRESS STREET ADDRESS FI CITY-ST-ZIP CITY-ST-ZIP **つかり** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TETLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY - ST - ZIP 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.

FILED