2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601911

FILED Jan 22, 2007 Secretary of State

Entity Name: ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, P.A.

	Principal Place	e of Business:	New Princi	pal Place of Business:
SUITE 140	BRD AVENUE 00 PERDALE, FL 3	33394		
Current N	/lailing Addres	ss:	New Mailin	g Address:
SUITE 140	ANCIAL PLAZA 00 ERDALE, FL 3			
FEI Number	r: 59-1285529	FEI Number Applied For () FEI Number Not Applie	cable () Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agen	t: Name and	Address of New Registered Agent:
SUITE 140 FT. LAUD The above	ANCIAL PLAZA 00 PERDALE, FL 3 e named entity:	33394 US	the purpose of changing its	s registered office or registered agent, or both
in the Stat	e of Florida.			
SIGNATU				
	Electror	nic Signature of Registere	d Agent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ()		
OFFICER	S AND DIREC	TORS:		S/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address:) Delete WRENCE M LL PLAZA		S/CHANGES TO OFFICERS AND DIRECTO
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	VD (PLOUCHA, LA\ ONE FINANCIA FT. LAUDERDA) Delete WRENCE M NL PLAZA ALE, FL 33394) Delete LSON C., III NL PLAZA	ADDITIONS Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	VD (PLOUCHA, LAN ONE FINANCIA FT. LAUDERDA PD (ATKINSON, WI ONE FINANCIA FT. LAUDERDA) Delete WRENCE M AL PLAZA ALE, FL 33394) Delete LSON C., III AL PLAZA ALE, FL 33394) Delete E H, AL PLAZA	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	VD (PLOUCHA, LANONE FINANCIA FT. LAUDERDA VD (DINER, JESSE ONE FINANCIA FT. LAUDERDA FT. LAUDERD) Delete WRENCE M AL PLAZA ALE, FL 33394) Delete LSON C., III AL PLAZA ALE, FL 33394) Delete E H, AL PLAZA ALE, FL 33394) Delete E I, AL PLAZA ALE, FL 33394	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	() Change () Addition () Change () Addition

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: DAVID B. MANKUTA MR. 01/22/2007