


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90044 043 ***150.00

DOCUMENT # 603262		
1. Entity Name LISTICK & KRALL, P.A.		

Principal Place of Business 616 E ATLANTIC DELRAY BEACH, FL 33483-5326	Mailing Address 616 E ATLANTIC DELRAY BEACH, FL 33483-5326
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2. Principal Place of Business - No P.O. Box # 190 SE 5th Avenue	3. Mailing Address 190 SE 5th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33483	Country Palm Beach
Zip 33483	Country Palm Beach



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1370713	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LISTICK, MICHAEL M 616 E ATLANTIC AVENUE DELRAY BEACH, FL 33444	7. Name and Address of New Registered Agent Name MARK L. KRALL Street Address (P.O. Box Number is Not Acceptable) 190 SE 5th Avenue City Delray Beach FL Zip Code 33483
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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 Michael M. Listick DATE Apr. 30, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD KRALL, MARK L. 616 E ATLANTIC AVE DELRAY BEACH, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	190 SE 5th ave Delray Beach, FL 33483 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD LISTICK, MICHAEL M 616 E ATLANTIC AVE DELRAY BEACH, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	190 SE 5th ave Delray Beach, FL 33483 <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.

SIGNATURE: Michael M. Listick 4/30/07 (561) 276-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #