


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90039 019 \*\*\*150.00

<b>DOCUMENT # 604602</b>	
1. Entity Name LUDOVICI & LUDOVICI, ATTORNEYS AT LAW A PROFESSIONAL ASSOCIATION	

Principal Place of Business 17415 S. DIXIE HIGHWAY PALMETTO BAY, FL 33157-5434	Mailing Address 17415 S. DIXIE HIGHWAY PALMETTO BAY, FL 33157-5434
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1498460	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

02132007 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LUDOVICI, EDWARD P, ESQ  
 17415 S DIXIE HWY  
 PALMETTO BAY, FL 33157

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P O Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDOVICI, PHILIP F <i>ESA</i> 17415 S DIXIE HWY PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUDOVICI, EDWARD P. <i>ESQ</i> 17415 S DIXIE HWY PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUDOVICI, SUSAN M. <i>ESQ</i> 17415 S DIXIE HWY PALMETTO BAY, FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  Date: 3/30/07 305-235-2161 Daytime Phone #