


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**


04-17-2008 90022 002 \*\*\*150.00

<b>DOCUMENT # 604602</b> 1. Entity Name <b>LUDOVICI &amp; LUDOVICI, ATTORNEYS AT LAW A PROFESSIONAL ASSOCIATION</b>	
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Principal Place of Business <b>17415 S. DIXIE HIGHWAY PALMETTO BAY, FL 33157-5434</b>	Mailing Address <b>17415 S. DIXIE HIGHWAY PALMETTO BAY, FL 33157-5434</b>
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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 Zip      Country	City & State Zip      Country
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03142008      Chg-P      CR2E034 (12/06)	
4. FEI Number <b>59-1498460</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  LUDOVICI, EDWARD P, ESQ 17415 S DIXIE HWY PALMETTO BAY, FL 33157	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D LUDOVICI, PHILIP F ESQ.	<input type="checkbox"/>
NAME	17415 S DIXIE HWY	
STREET ADDRESS	PALMETTO BAY, FL 33157	
CITY-ST-ZIP		
TITLE	PD LUDOVICI, EDWARD P ESQ.	<input type="checkbox"/>
NAME	17415 S DIXIE HWY	
STREET ADDRESS	PALMETTO BAY, FL 33157	
CITY-ST-ZIP		
TITLE	STD LUDOVICI, SUSAN M ESQ.	<input type="checkbox"/>
NAME	17415 S DIXIE HWY	
STREET ADDRESS	PALMETTO BAY, FL 33157	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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 info empowered.

SIGNATURE: 	Date: <b>4/10/08</b>	Daytime Phone #: <b>305-235-8720</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #