2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 628652

Entity Name: MYRON A. HARVEY, PH.D., P.A.

FILED Jan 27, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	NCIANA PLACE ACH, FL 3296:				
Current Mailing Address:			New Mailing Address:		
	NCIANA PLACE ACH, FL 3296:				
FEI Number	: 59-1929610	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Ro				of New Registered Agent:	
8430 POÍN	MYRON A DR ICIANA PLACE ACH, FL 3296				
	named entity s e of Florida.	submits this statement for the	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered A	gent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () HARVEY, MYRO 8430 POINCIAN VERO BEACH,	IA PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HARVEY, DIAN 8430 POINCIAN VERO BEACH,	IA PLACE	Title: Name: Address: City-St-Zip:	() 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: DR. MYRON A. HARVEY PD 01/27/2007