
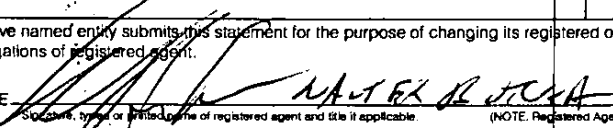
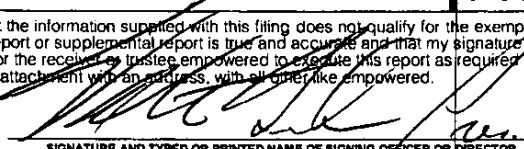


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90003 025 \*\*\*150.00

<b>DOCUMENT # 642045</b> 1. Entity Name <b>WALTER BUTCKA, P.A. ATTORNEY AT LAW</b>																													
Principal Place of Business <b>1735 S. R. 419</b> <b>LONGWOOD, FL 32750 US</b>			Mailing Address <b>P.O. BOX 8001</b> <b>SANFORD, FL 32772 US</b>																										
2. Principal Place of Business - No P.O. Box # <b>22 S. St. Andrews Dr.</b> Suite, Apt. #, etc. <b>Ormond Beach, FL 32174</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country <b>32174 USA</b>																											
4. FEI Number <b>59-1951997</b>		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required.</b>																											
6. Name and Address of Current Registered Agent <b>BUTCKA, WALTER</b> <b>1735 S. R. 419</b> <b>LONGWOOD, FL 32750</b>			7. Name and Address of New Registered Agent Name <b>Walter Butcka</b> Street Address (P.O. Box Number is Not Acceptable) <b>22 S. St. Andrews Drive</b> <b>Ormond Beach, FL 32174</b> City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>32174</b>																										
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  DATE <b>3-21-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BUTCKA, WALTER</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1735 S.R. 419</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LONGWOOD, FL</b></td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	<b>BUTCKA, WALTER</b>		STREET ADDRESS	<b>1735 S.R. 419</b>		CITY-ST-ZIP	<b>LONGWOOD, FL</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Walter Butcka</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>22 S. St. Andrews Drive</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Ormond Beach, FL 32174</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Walter Butcka	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>22 S. St. Andrews Drive</b>		STREET ADDRESS	<b>Ormond Beach, FL 32174</b>		CITY-ST-ZIP		
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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 <b>3-21-07</b> DAYTIME PHONE # <b>(386) 677-0723</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													