

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 643969</b> 1. Entity Name EDMOND L. ELEY, P.A.				
Principal Place of Business 4479 NORTH U.S. 1 SUITE B MELBOURNE, FL 32935		Mailing Address 4479 NORTH U.S. 1 SUITE B MELBOURNE, FL 32935		
<b>DO NOT WRITE IN THIS SPACE</b>				
				01302007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-1951955		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  ELEY, EDMOND L. 4479 NORTH U.S. 1 SUITE B MELBOURNE, FL 32935		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000659469 03/16/07-80032-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELEY, EDMOND L. 4479 NORTH U.S. STE B MELBOURNE, FL 32935			
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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: 		3/5/07 (321) 259-7822		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		