


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 729581 1. Entity Name FOPA OF FLORIDA, INC.	
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Principal Place of Business P.O. BOX 708 BOYNTON BEACH, FL 33425-0708 US	Mailing Address P.O. BOX 708 BOYNTON BEACH, FL 33425-0708 US
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04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2383341	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent POWELL, LLOYD 1112 N FEDERAL HWY BOYNTON BCH, FL 33435	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP POWELL, LLOYD PO BOX 700 N/A BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROSS, VINCENT C. 204 BRAZILLAN AVE #218 PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD POWELL, KURT G P.O. BOX 708 N/A BOYNTON BEACH, FL 334250708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000724552
05/02/07-80115-017 61.25

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 617, 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: 	Lloyd Powell	04/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #