

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11493

FILED
May 11, 2007
Secretary of State

Entity Name: COLLINSWORTH, ALTER, FOWLER, DOWLING & FRENCH GROUP, INC.

Current Principal Place of Business:

5979 N.W. 151ST ST., SUITE 105
P.O. BOX 9315
MIAMI LAKES, FL 330149315 US

New Principal Place of Business:

5979 N.W. 151ST ST., SUITE 105
MIAMI LAKES, FL 330149315 US

Current Mailing Address:

5979 N.W. 151ST ST., SUITE 105
P.O. BOX 9315
MIAMI LAKES, FL 330149315 US

New Mailing Address:

5979 N.W. 151ST ST., SUITE 105
MIAMI LAKES, FL 330149315 US

FEI Number: 59-2053159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOWLING, LYNN
5979 N.W. 151ST STREET
SUITE 105
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLINSWORTH, MEADE W
Address: 5979 N W 151 STR., #105
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD () Delete
Name: DOWLING, LYNN R
Address: 5979 N W 151 STR., #105
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD () Delete
Name: ALTER, DAVID I
Address: 5979 N W 151 STR., #105
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: FOWLER, LEE R
Address: 5979 NW 151 STREET #105
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: FRENCH, RICHARD D
Address: 5979 NW 151 STREET #105
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LYNN DOWLING

O/D

05/11/2007

Electronic Signature of Signing Officer or Director

Date