


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90049 004 ***150.00

DOCUMENT # F36068	
1. Entity Name WILLIAM D. SOMAN, P.A.	

Principal Place of Business 11191 SW 60TH AVE. PINECREST, FL 33156	Mailing Address 11191 SW 60TH AVE. PINECREST, FL 33156
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOMAN, WILLIAM D P.A. 11191 SW 60TH AVE. PINECREST, FL 33156		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMAN, WILLIAM D	NAME	
STREET ADDRESS	11191 SW 60TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	PINECREST, FL 33156	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, SUSAN P	NAME	
STREET ADDRESS	10624 NW 225 A	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 33482	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMAN, JEAN P	NAME	
STREET ADDRESS	11191 SW 60TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	PINECREST, FL 33156	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITER, JILL S	NAME	
STREET ADDRESS	5820 S.W. 97 STREET	STREET ADDRESS	
CITY-ST-ZIP	PINECREST, FL 33156	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCMAN, JENNIFER L	NAME	
STREET ADDRESS	1300 W.AVE #502	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	WILLIAM D. SOMAN PRESIDENT	01.22.08	786-268-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #