


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2007 08:00 A
Secretary of State

DOCUMENT # F74129 1. Entity Name DICKENSON, REX AND SLOAN, P.A.	
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Principal Place of Business 980 N FEDERAL HWY #410 BOCA RATON FL 33432-2784 US	Mailing Address 980 N FEDERAL HWY #410 BOCA RATON FL 33432-2784 US
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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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent DICKENSON, DAVID B. 980 N. FEDERAL HWY., #410 BOCA RATON FL 33432	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-2180007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD DICKENSON, DAVID B 980 N. FED HWY., #410 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
CITY-STATE-ZIP		CITY-STATE-ZIP	
CITY-STATE-ZIP		CITY-STATE-ZIP	
CITY-STATE-ZIP		CITY-STATE-ZIP	
CITY-STATE-ZIP		CITY-STATE-ZIP	
CITY-STATE-ZIP		CITY-STATE-ZIP	
CITY-STATE-ZIP		CITY-STATE-ZIP	

U00000765289
05/31/07-80034-011 550.00
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David B. Dickenson Date: May 22, 2007 Daytime Phone #: 561-391-1900