2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 24, 2007 08:00 A Secretary of State DOCUMENT # F74129 1. Entity Name DICKENSON, REX AND SLOAN, P.A. Principal Place of Business Mailing Address 980 N FEDERAL HWY 980 N FEDERAL HWY BOCA RATON FL 33432-2784 BOCA RATON FL 33432-2784 2. Principal Place of Business - No P O Box # 3. Mailing Address Suito, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-2180007 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DICKENSON, DAVID B. Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HWY., #410 **BOCA RATON FL 33432** City 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 fille if applicable. (NOTE: Registored Agent signature required when remislating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition 1000 ☐ Delete HIII DICKENSON, DAVID B NAM NAMI 980 N. FED HWY., #410 U00000765289 05/31/07-80034-011 5 Change STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-S1-7IP CITY-ST-7IP THILE ☐ Delele DILL REX. ROBERT H NAME 980 N. FED HWY., #410 STREET ADORESS STREET ADORESS **BOCA RATON FL 33432** CHY-SI-ZIP CHY-SI-ZIP STD 010 Delete ЩŪ, Change Addition SLOAN, BARBARA A NAME NAMI 980 N. FED HWY, #410 STREET ADDRESS STREET ADORESS. CITY-ST-7IP BOCA RATON FL 33432 CHY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-SI-7IP Change Addition ☐ Delete 1011 THE NAMI' NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TIME NAME NAME STREET ADDRESS STRUET ADDRESS CHY-S1-ZIP CHY-SI-ZIP 12. I horoby 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 path; 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.

FILED

SIGNATURE: David B. Dickenson May 22, 2007 561-391-190
SIGNATURE: David B. Dickenson Date Double Printed Name of Signing Officer on Direction Date Dayling Phone *