

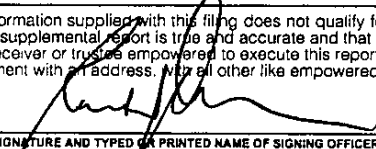


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F84771</b>		
1. Entity Name ROBERT J. DICKMAN, P.A.		
Principal Place of Business 4500 LEJEUNE RD. DICKMAN BLDG. CORAL GABLES, FL 33146	Mailing Address 4500 LEJEUNE RD. DICKMAN BLDG. CORAL GABLES, FL 33146	  01042007    No Chg-P    CR2E034 (11/05)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 59-2211832		
		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		
ROBERT J. DICKMAN 4500 LEJEUNE RD. DICKMAN BLDG. CORAL GABLES, FL 33146		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKMAN, ROBERT 4500 LEJEUNE RD. CORAL GABLES, FL	<div>U00000597241</div> <div>01/24/07-80028-013 150.00</div> <div><b>DO NOT WRITE IN THIS SPACE</b></div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  Robert Dickman    1/10/07    305-667-8488 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>		