2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000001946

1. Entity Name

REICHMAN, KARTEN, SWORD, INC.



Principal Place of Business

98 MILL PLAIN RD SUITE 301-A

DANBURY, CT 06811

Mailing Address

98 MILL PLAIN RD SUITE 301-A DANBURY, CT 06811 FILED Apr 23, 2007 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-2784483 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRASTATARO, CARMINE 3069 DOYBERRY COURT CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

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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 i	# applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·
TITLE	PCSD				
NAME	REICHMAN, DAVID				*
STREET ADDRESS	98 MILL PLAIN RD., SUITE 301-A				
CITY-ST-ZIP	DANBURY, CT 06811				
TITLE					U00000727050 05/04/07-80031-013 150.00
NAME					US/U4/U/-8UU31-U13 1S0.60°
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12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-14-07

2037911377

Daytime Phone #