
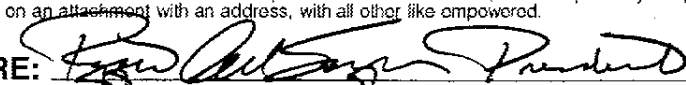


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G20086</b> 1. Entity Name <b>REGGIE DAVID SANGER, P.A.</b>					
Principal Place of Business <b>208 SE 9TH ST FT LAUD FL 33316</b>			Mailing Address <b>208 SE 9TH ST FT LAUD FL 33316</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2287775</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SANGER, REGGIE DAVID 208 SE 9TH STREET FT. LAUDERDALE FL 33316</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP SANGER, REGGIE D 208 SE 9TH ST. FT LAUD FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SANGER, REGGIE D 208 SE 9TH ST. FT LAUD FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	SANGER, REGGIE D 208 SE 9TH ST. FT LAUD FL	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY ST ZIP	SANGER, REGGIE D 208 SE 9TH ST. FT LAUD FL	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 			<b>1/19/07 9544638547</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

