2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G20379

Entity Name: THOMAS MONTGOMERY, P.A.

FILED Feb 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 1 S.E. AVE EAST
 1 S.E. AVE EAST

 P. O. BOX 1510
 P. O. BOX 1510

BELLE GLADE, FL 334303501 BELLE GLADE, FL 33430

Current Mailing Address: New Mailing Address:

BELLE GLADE, FL 334303501 BELLE GLADE, FL 334303501

FEI Number: 65-0640348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTGOMERY, THOMAS

1 SE AVE. E

BELLE GLADE, FL 33430 US

MONTGOMERY, THOMAS

1 SE M.L. KING JR. BLVD.

BELLE GLADE, FL 33430 US

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.

SIGNATURE: 02/26/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MONTGOMERY, THOMAS, MONTGOMERY, THOMAS DP Name: Name: 1 S.E. AVE. Address: I S.E. M. L. KING JR. BLVD. Address: City-St-Zip: BELLE GLADE, FL 00000, City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MONTGOMERY D/P 02/26/2008