2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# G38797

Entity Name: LEROY LEVY, C.P.A., P.A.

Current Principal Place of Business:

% LEROY LEVY
615 LAKEWOODE CIR W
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

615 LAKEWOODE CIR WEST
DELRAY BEACH, FL 33445 US

Current Mailing Address:

% LEROY LEVY
615 LAKEWOODE CIR W
DELRAY BEACH, FL 33445 US

New Mailing Address:

615 LAKEWOODE CIE WEST
DELRAY BEACH, FL 33445 US

FEI Number: 59-2290732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVY, LEROY
615 LAKEWOODE CIR W
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: LEVY, LEROY,
Address: 615 LAKEWOODE CIR W.
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: LEVY, LEROY,
Address: 615 LAKEWOODE CIR W.
City-St-Zip: DELRAY BEACH, FL 33445

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: LEROY LEVY DIR 04/28/2007

Electronic Signature of Signing Officer or Director Date