## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G51510

FILED Apr 13, 2009 Secretary of State

Entity Name: LAW OFFICES OF BRIAN C. POWERS, PROFESSIONAL ASSOCIATION

1601 BEL\ SUITE 500	/EDERE ROAI	)					
	LM BEACH, FL	33406	US				
Current Mailing Address:				New Maili	New Mailing Address:		
P.O. BOX WEST PA	21289 LM BEACH, FL	. 33416128	39 US				
FEI Number	: 59-2581446	FEI Numb	er Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desire	d()	
Name and	Address of C	urrent Re	gistered Agent:	Name and	Address of New Registered Agent:		
1601 BEL\ SUITE 500	, BRIAN C. /EDERE ROAI )S LM BEACH, FL		S				
The above		submits this	s statement for the	purpose of changing i	ts registered office or registered agent,	or both,	
	e of Fiorida.						
in the State SIGNATUI							
n the State	RE:	ic Signatur	e of Registered A્	gent	Date		
in the State	RE: Electron	-	e of Registered Ac	gent	Date		
in the State SIGNATUI	RE: Electron	g Trust Fund	•		Date IS/CHANGES TO OFFICERS AND DIF	RECTORS:	
in the State SIGNATUI	RE: Electron mpaign Financing S AND DIREC	Trust Fund TORS: Delete AN C ERE ROAD - S	Contribution ( ).			RECTORS:	
in the State SIGNATUI Election Car OFFICER: Title: Name: Address:	Electron  mpaign Financing  S AND DIREC  DPT ()  POWERS, BRI/ 1601 BELVEDE  WEST PALM BI	Trust Fund TORS:  Delete AN C ERE ROAD - S EACH, FL 33  Delete IEL M ERE ROAD - S	Contribution ( ). SUITE 500S 406	ADDITION Title: Name: Address:	IS/CHANGES TO OFFICERS AND DI	RECTORS:	
in the State SIGNATUI Election Car OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron mpaign Financing S AND DIREC  DPT () POWERS, BRI/ 1601 BELVEDE WEST PALM BI  DVS () MCNAILS, DAN 1601 BELVEDE WEST PALM BI	Trust Fund TORS:  Delete AN C ERE ROAD - S EACH, FL 33  Delete IEL M ERE ROAD - S	Contribution ( ). SUITE 500S 406	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIF	RECTORS:	

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: DANIEL M. MCNALIS	DVS	04/13/2009
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