2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G78594

FILED Jul 20, 2007 Secretary of State

Entity Name: ROBERT E. WOOLLEY/FLORIDA, INCORPORATED

	-	e of Business:	New Principal Place	
800 LBJ FWY ALLAS, TX 7		US		
urrent Maili	ng Addre	ess:	New Mailing Address	s:
800 LBJ FWY ALLAS, TX 7		US		
El Number: 59-2	2382606	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and Ad	ldress of	Current Registered Agent:	Name and Address of	of New Registered Agent:
RASSER, PA 375 HIDDEN		ARKWAY		
JITE 300 AMPA, FL 33				
AMPA, FL 33	med entity	submits this statement for the	purpose of changing its registere	d office or registered agent, or both
AMPA, FL 33 ne above nar	med entity Florida.			d office or registered agent, or both
AMPA, FL 33 ne above nar the State of	med entity Florida.	submits this statement for the		d office or registered agent, or both Date
AMPA, FL 33 ne above nar the State of I GNATURE: accordance wi	med entity Florida. Electro vith s. 607.1	onic Signature of Registered Ac 93(2)(b), F.S., the corporation did n	gent	
AMPA, FL 33 ne above nar the State of I GNATURE: accordance wi	med entity Florida. Electro with s. 607.1	onic Signature of Registered Ac 93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ent oot receive the prior notice.	
AMPA, FL 33 ne above nar the State of I GNATURE: accordance wi ection Campai FFICERS AN le: DF Ime: Wo ldress: 66	med entity Florida. Electro with s. 607.1 ign Financia	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did rang Trust Fund Contribution (). CTORS:) Delete OBERT E., Y STE 195	ent oot receive the prior notice.	Date
AMPA, FL 33 ne above narithe State of I GNATURE: accordance with ection Campain FFICERS AN le: DF ime: Wording State of I dress: 66 le: ST ime: PII dress: 66	med entity Florida. Electro ith s. 607.1 ign Financi ND DIREC P (OOLLEY, R 500 LBJ FW ALLAS, TX	onic Signature of Registered Actives 193(2)(b), F.S., the corporation did not rust Fund Contribution (). CTORS:) Delete OBERT E., Y STE 195 75240) Delete cK, CHRISTINE Y STE 195	pent not receive the prior notice. ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

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: CHRISTINE M. PIEKENBROCK S 07/20/2007