


2007 FOR PROFIT CORPORATION 'ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90048 018 ***150.00

| | |
|---------------------------------------|---|
| DOCUMENT # H01742 |  |
| 1. Entity Name RICHARD B. KAY P.A. | |

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|---|---|
| Principal Place of Business 222 US HWY 1 SUITE 208 TEQUESTA FL 33469 | Mailing Address 222 US HWY 1 SUITE 208 TEQUESTA FL 33469 |
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| 2. Principal Place of Business - No P.O. Box # 222 US HWY 1 | 3. Mailing Address |
| Suite, Apt. #, etc. SUITE 208 | Suite, Apt. #, etc. |

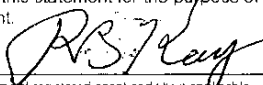
1st MOORE CR2E034 (10/06)

| | |
|------------------------------------|--------------|
| City & State TEQUESTA, FL 33469 | City & State |
| Zip | Country |

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| 4. FEI Number 59-2405442 | Applied For <input type="checkbox"/> Not Applicable |
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| 6. Name and Address of Current Registered Agent KAY, RICHARD B 222 US HWY ONE SUITE 208 TEQUESTA FL 33469 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | Zip Code |

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| 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  | DATE |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST KAY, RICHARD B. 222 US HWY ONE, #208 TEQUESTA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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. | |
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|---|--|------|-----------------|
| SIGNATURE:  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|---|--|------|-----------------|