

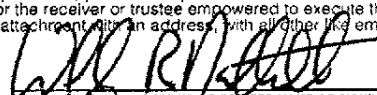


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H07252</b> 1. Entity Name WILLIAM R. NORTHCUTT, P.A.			
Principal Place of Business C/O WILLIAM R. NORTHCUTT 2194 HWY A1A, STE 306 INDIAN HARBOUR BEACH, FL 32937		Mailing Address C/O WILLIAM R. NORTHCUTT 2194 HWY A1A, STE 306 INDIAN HARBOUR BEACH, FL 32937	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01082007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2415854	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  NORTHCUTT, WILLIAM R. 2194 HWY A1A, STE 306 INDIAN HARBOUR BEACH, FL 32937		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when translating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NORTHCUTT, WILLIAM R. 2194 HWY A1A, STE. 306 INDIAN HARBOUR BEACH, FL	<b>DO NOT WRITE IN THIS SPACE</b>  U00000608701 02/01/07-80021-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORTHCUTT, SIEGRID D 2194 HWY. A1A STE. 306 INDIAN HARBOUR BEACH, FL 32937		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 fees empowered.			
SIGNATURE:  Pres. William R. Northcutt		Date: 1/8/07	Daytime Phone #: 321-273-5320