
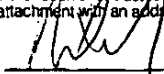


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

4/2.

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90280 024 \*\*\*150.00

<b>DOCUMENT # H28846</b>			
1. Entity Name RICHARD M. BALES, JR., P.A.			
Principal Place of Business 601 BRICKELL KEY SUITE 702 MIAMI, FL 33131		Mailing Address 601 BRICKELL KEY SUITE 702 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 2 SO. BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 1881 City & State MIAMI FLORIDA Zip 33131-1808 Country U.S.A.		3. Mailing Address 2 SO. BISCAYNE BLVD. Suite, Apt. #, etc. SUITE 1881 City & State MIAMI FLORIDA Zip 33131-1808 Country U.S.A.	
4. FEI Number 59-2461894		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALES, RICHARD M. J <del>XXXX BRICKELL KEY</del> 2 SO. BISCAYNE BLVD. <del>XXXXXX</del> SUITE 1881 <del>MIAMI FL 33131</del> MIAMI, FLORIDA 33131-1808		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALES, RICHARD M., JR. 601 BRICKELL KEY STE 702 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 SO. BISCAYNE BLVD. SUITE 1881 MIAMI, FLORIDA 33131-1808
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
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 like empowered.			
SIGNATURE: 		RICHARD M. BALES, JR. 4/16/07 (305) 372-1200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

May 7, 2007