
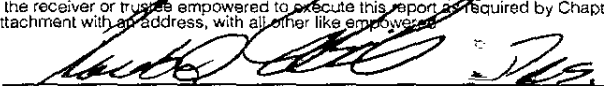


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 26, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # H62287</b>		
1. Entity Name ROBERT D. LETTMAN, P.A.		
Principal Place of Business 8010 N UNIVERSITY DR 2ND FLOOR TAMARAC, FL 33321-2118	Mailing Address 8010 N UNIVERSITY DR 2ND FLOOR TAMARAC, FL 33321-2118	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LETTMAN, ROBERT D. 8010 N UNIVERSITY DR 2ND FLOOR TAMARAC, FL 33321-2118		
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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>		
<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"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000649815 03/07/07-80066-008 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LETTMAN, ROBERT D. 8010 N UNIVERSITY DR FL2 TAMARAC, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 like employees.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/22/2007 <small>Daytime Phone #</small>