


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # J50344 1. Entity Name NOWLEN, HOLT & MINER, P.A.	
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Principal Place of Business % WILLIAM B. MINER 215 FIFTH ST, STE 200 W. PALM BEACH, FL 33401	Mailing Address % WILLIAM B. MINER 215 FIFTH ST, STE 200 W. PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2749772	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 MINER, WILLIAM B. 215 FIFTH ST SUITE 200 W. PALM BEACH, FL 33402
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DO NOT WRITE IN THIS SPACE

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 (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLT, EDWARD T. 4259 NE RIGEL'S COVE WAY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MINER, WILLIAM B. 215 FIFTH ST. STE 200 W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HENDRIX, ROBERT W., JR. 333 S.E. 2ND ST. BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARICEVICH, JANET R. 733 KITTYHAWK WAY NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000820810 02/18/08-80043-022 150.00</p> DO NOT WRITE IN THIS SPACE

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.
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SIGNATURE: 	2-6-08	561-659-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #