


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90184 046 ***150.00

DOCUMENT # J90103	
1. Entity Name N. SANDY KONIGSBERG P.A.	

Principal Place of Business % N. SANDY KONIGSBERG 3300 UNIVERSITY DR, #311 CORAL SPRINGS, FL 33065	Mailing Address % N. SANDY KONIGSBERG 3300 UNIVERSITY DR, #311 CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box # 1857 CROSS GREEN WAY	3. Mailing Address 1857 CROSS GREEN WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORANGE PARK FL	City & State ORANGE PARK FL
Zip 32003	Zip 32003
Country	Country

04162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0031697	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KONIGSBERG, N SANDY ESQ 3300 UNIVERSITY DR, #311 CORAL SPRINGS, FL 33065	
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7. Name and Address of New Registered Agent Name N. SANDY KONIGSBERG ESQ Street Address (P.O. Box Number is Not Acceptable) 1857 CROSS GREEN WAY City ORANGE PARK FL Zip Code 32003	
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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 *N. Sandy Konigsberg Esq.* (NOTE: Registered Agent signature required when reinstating) DATE APRIL 15, 2007

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONIGSBERG, N. SANDY 3300 UNIVERSITY DR, #311 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 *N. Sandy Konigsberg Esq.* 4/15/07