
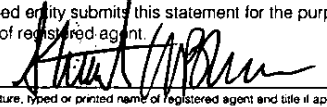
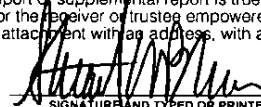


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90082 031 \*\*\*150.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # K02077</b><br>1. Entity Name<br><b>STUART R. BLUM, C.P.A., P.A.</b>   |   |   |  |    |  |
| Principal Place of Business<br><b>5511 NORTH UNIVERSITY DR. SUITE 101<br/>CORAL SPRINGS, FL 33067</b>   |   |   | Mailing Address<br><b>5511 NORTH UNIVERSITY DR. SUITE 101<br/>CORAL SPRINGS, FL 33067</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |   | City & State  |  |   |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number<br><b>65-0012622</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BLUM, STUART R.<br/>7900 NO. UNIVERSITY DRIVE<br/>SUITE 201<br/>TAMARAC, FL 33321</b>  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br><b>S 5511 North University Drive, Suite 101<br/>Coral Springs, Florida 33067-4646</b><br>City <b>FL</b> 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.<br>SIGNATURE:  DATE: <b>4-11-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P</b><br><b>BLUM, STUART R.</b><br><b>7900 N UNIVERSITY DR</b><br><b>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5511 North University Drive, Suite 101<br/>Coral Springs, Florida 33067-4646</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>BLUM, ESTHER K</b><br><b>7900 N UNIVERSITY DR</b><br><b>FORT LAUDERDALE, FL 33321</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5511 North University Drive, Suite 101<br/>Coral Springs, Florida 33067-4646</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 tag address, with all other like empowered. |   |   |  |   |  |
| SIGNATURE:   |   |   | <b>STUART R. BLUM</b><br><b>PRESIDENT</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Date <b>4-11-07</b> Daytime Phone # <b>954-752-9995</b>  |   |  |