
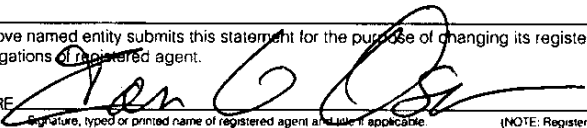



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90066 004 \*\*\*150.00

<b>DOCUMENT # K35619</b> 1. Entity Name IAN G. OSUR, P.A.																																			
Principal Place of Business 9350 S DIXIE HWY 1200 MIAMI, FL 33156		Mailing Address 9350 S DIXIE HWY 1200 MIAMI, FL 33156																																	
2. Principal Place of Business - No P.O. Box # 9155 S. Dadeland Blvd		3. Mailing Address 9155 S. Dadeland Blvd																																	
Suite, Apt. #, etc. Suite 1010		Suite, Apt. #, etc. Suite 1010																																	
City & State Miami, FL		City & State Miami FL																																	
Zip 33156		Zip 33156																																	
Country USA		Country USA																																	
4. FEI Number 65-0074184		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  OSUR, IAN G. 9350 S DIXIE HWY STE 1200 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name: OSUR, IAN G. Street Address (P.O. Box Number is Not Acceptable): 9155 S. Dadeland Blvd. Suite 1010 City: Miami FL Zip Code: 33156																																	
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: 4-13-07 <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</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">           PD            OSUR, IAN G.            9350 S DIXIE HWY STE 1200            MIAMI, FL 33156           <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSUR, IAN G. 9350 S DIXIE HWY STE 1200 MIAMI, FL 33156 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">           ONLY 9155 S. Dadeland Blvd.            Suite 1010            Miami, FL 33156           <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONLY 9155 S. Dadeland Blvd. Suite 1010 Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 fees empowered. SIGNATURE:  DATE: 4-13-07 305-670-7737 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			