2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered

AND THED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Apr 28, 2008 08:00 AM **Secretary of State DOCUMENT # K38365** 1. Entity Name DOUGLAS P. JOHNSON, P.A. Principal Place of Business Mailing Address 2924 DAVIE ROAD 2924 DAVIE ROAD 202 202 DAVIE, FL 33314 US DAVIE, FL 33314 04232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2634861 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, DOUGLAS P. DO NOT WRITE 2924 DAVIE ROAD 202 IN THIS SPACE **DAVIE, FL 33314** 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000928581 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 05/21/08-80035-007 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE JOHNSON, DOUGLAS P. NAME STREET ADDRESS 2924 DAVIE ROAD, STE 202 CITY-ST-ZIP **DAVIE, FL 33314** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

FILED

Daytime Phone #