

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90207 048 ***150.00

DOCUMENT # K51907 1. Entity Name DR. DUPHORN, JOHNSTON & COMPANY, U.S.A., INC.			
Principal Place of Business 4320 W. EL PRADO BLVD. SUITE 17 TAMPA, FL 33629 US		Mailing Address 4320 W. EL PRADO BLVD. SUITE 17 TAMPA, FL 33629 US	
2. Principal Place of Business - No P.O. Box # 8359 Stringfellow		3. Mailing Address P.O. Box 130337	
Suite, Apt. #, etc. ste C.		Suite, Apt. #, etc. 	
City & State St. James City FL		City & State Tampa FL	
Zip 33956		Zip 33681	
Country 		Country 	
4. FEI Number 59-2927759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEE, DAVID A 405 W AZEELE ST. TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Johnston, F.S. III Street Address (P.O. Box Number is Not Acceptable) 8359 Stringfellow Rd ste C. City St. James City FL Zip Code 33956	
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 4/26/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSTON, F S III 4320 W. EL PRADO BLVD #17 TAMPA, FL 33629	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAAFFE, MALCOLM G 4320 W. EL PRADO BLVD. #17 TAMPA, FL 33629	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Johnston, F.S. III 8359 Stringfellow Rd, ste C St. James City FL 33956	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAAFFE, Malcolm G. 8359 Stringfellow Rd, ste C. St. James City, FL 33956	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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:		Date 4/26/07 Daytime Phone # 813-636-0899	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			