2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 19, 2007 8:00 am **Secretary of State** DOCUMENT # K78300 01-19-2007 90033 017 ***150.00 DEBORAH HUNTLEY, PH.D., P.A. Principal Place of Business Mailing Address 1608 OAK STREET 1608 OAK STREET U U U U A A A U SARASOTA, FL 34236 SARASOTA, FL 34236 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0110070 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAREN, RICHARD, ESQ. DEBORAH Street Address (P.O. Box Number is Not Acceptable) 46 N WASHINGTON BLVD SUITE 9 SARASOTA, FL 34236 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ■ Addition HUNTLEY, DEBORAH NAME NAME STREET ADDRESS 712 TROPICAL CIR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TRUE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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

ER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 🚣

FILED