2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2007 08:00 AM Secretary of State

ANNUAL	REPORT	
DOCUMENT # K93092 1. Entity Name GENE S. BONHAM, C.P.A., P.A.		
Principal Place of Business 1999 N UNIVERSITY DRIVE 212 CORAL SPRINGS, FL 33071 US	Mailing Address 1999 N UNIVERSITY DRIVE 212 CORAL SPRINGS, FL 33071	US
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			4. FEi Numbi 65-014 5. Certificate		\$	Applied For Not Applicable 8.75 Additional ee Required
6. Name and Address of Current Regis	stered Agent	1	<u> </u>	, , , , , , , , , , , , , , , , , , , 		oo rioquii ou
COUGHLIN, CASEY WILLIAM 1515 UNIVERSITY DR STE 214 CORAL SPRINGS, FL 33071		ि जंग हैं वेब के सम्बद्धान के स	10 0.00	NOT W	and the same and the	$\mathbf{a}^{I} = \mathbf{a}^{A} \begin{bmatrix} \mathbf{a}^{A} \mathbf{a}^{A} \\ \mathbf{a}^{A} \end{bmatrix}, \qquad \mathbf{a}^{A} = \mathbf{a}^{A}$ $\mathbf{a}^{A} = \mathbf{a}^{A} \begin{bmatrix} \mathbf{a}^{A} \mathbf{a}^{A} \\ \mathbf{a}^{A} \end{bmatrix}, \qquad \mathbf{a}^{A} = \mathbf{a}^{A}$
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE.	purpose of changing its register	red office or register	red agent, or bo	th, in the State of F	lorida. I am fa	miliar with, and accept
Signature, typed or printed name of registered egent and title	if applicable. (NOTE: Register	ed Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be · led to Fees			
10. OFFICERS AND DIRE	CTORS	. F 16 6 65	. 34		t Back 1 A T	A
ITILE D NAME BONHAM, GENE S STREET ADDRESS 1999 UNIVERSITY DRIVE #212 CORAL SPRINGS, FL 33071		and the second	a production	i i i i i i i i i i i i i i i i i i i	· . · · · · · · · · · · · · · · · · · ·	Andrew Comment
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 954-153-69