
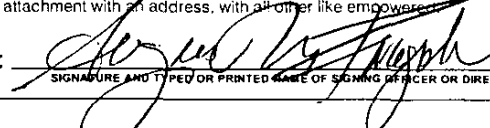


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90024 028 ***158.75

DOCUMENT # L22421 1. Entity Name POWELL, FRAGALA & ASSOCIATES, INC.					
Principal Place of Business 5150 S. FLORIDA AVENUE BLDG. C 301 LAKELAND, FL 33813 US			Mailing Address P O BOX 6467 BLDG C- STE 301 LAKELAND, FL 33807 US		
2. Principal Place of Business - No P.O. Box # 5130 S. FLORIDA AVENUE			3. Mailing Address PO BOX 6467		
Suite, Apt. #, etc. BLDG D 401			Suite, Apt. #, etc. 		
City & State LAKELAND, FL			City & State LAKELAND, FL		
Zip 33813		Country US		Zip 33807	
Country US		4. FEI Number 59-2974155			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAGALA, AUGUSTINE M. JR. 5150 S FLORIDA AVE BLDG. C301 LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5130 S FLORIDA AVENUE BLDG D 401 City LAKELAND FL Zip Code 33813		
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 _____ <small>Signature, word or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when rechartering.)</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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input type="checkbox"/> Delete FRAGALA, AUGUSTINE M. 6223 PINE LANE LAKELAND, FL 33813				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST <input type="checkbox"/> Delete FRAGALA, I. LOUISE 6223 PINE LANE LAKELAND, FL 33813				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 empowerments.					
SIGNATURE:  AUGUSTINE M. FRAGALA, JR. 020207 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> 8623.644.0951 <small>Daytime Phone</small>					