


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**


04-06-2007 90025 009 \*\*\*150.00

<b>DOCUMENT # L35180</b>	
1. Entity Name <b>ROBERT A. DEMPSTER REPORTING COMPANY</b>	

Principal Place of Business <b>501 S. FT. HARRISON STE 210 CLEARWATER, FL 33756 US</b>	Mailing Address <b>501 S. FT. HARRISON STE 210 CLEARWATER, FL 33756 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1875 N. Belcher RD</b>	3. Mailing Address <b>1875 N. Belcher RD.</b>
Suite, Apt. #, etc. <b>Suite 102</b>	Suite, Apt. #, etc. <b>Suite 102</b>
City & State <b>CLEARWATER FL</b>	City & State <b>CLEARWATER FL</b>
Zip <b>33765</b>	Zip <b>33765</b>
Country <b>Pinellas</b>	Country <b>Pinellas</b>

**40001401**



01082007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2985005</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>ROBERT A. DEMPSTER 501 S FT HARRISON AVE SOUTH OUTSIDE ENTRANCE CLEARWATER, FL 33756</b>	7. Name and Address of New Registered Agent Name <b>1875 N. Belcher RD.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Suite 102</b> City <b>CLEARWATER FL</b> Zip Code <b>33765</b>
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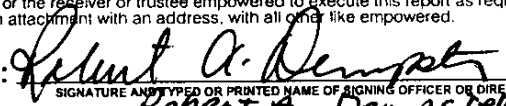
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEMPSTER, ROBERT A 501 S FT HARRISON SOUTH OUTSIDE ENTRANCE CLEARWATER, FL</b>	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 empowered.

SIGNATURE:  **Robert A. Dempster**

Date: **4/2/07** Daytime Phone #: **727-443-0992**