


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L56260 1. Entity Name FERDINAND & SULLIVAN, P.A.	
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Principal Place of Business 100 W. CYPRESS CREEK ROAD SUITE 910 FT LAUDERDALE, FL 33309 US	Mailing Address 100 W. CYPRESS CREEK ROAD SUITE 910 FT LAUDERDALE, FL 33309 US
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0185991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SULLIVAN, KAREN M. 100 W CYPRESS CREEK RD SUITE 910 FT LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FERDINAND, JON J. 100 W CYPRESS CREEK RD SUITE 910 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERDINAND, JON J. 100 W. CYPRESS CREEK ROAD #910 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SULLIVAN, KAREN M. 100 W CYPRESS CREEK RD SUITE 910 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, KAREN M. 100 W. CYPRESS CREEK ROAD #910 FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/07-80025-004 150.00

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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: 	3-13-07	954-776-5822
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>