

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M57819

FILED
Apr 29, 2008
Secretary of State

Entity Name: MICHAEL A. SCHROEDER, P.A.

Current Principal Place of Business:

120 E PALMETTO PARK ROAD
SUITE 150
BOCA RATON, FL 33432

New Principal Place of Business:

2300 GLADES ROAD
SUITE 300 EAST TOWER
BOCA RATON, FL 33431

Current Mailing Address:

120 E PALMETTO PARK ROAD
SUITE 150
BOCA RATON, FL 33432

New Mailing Address:

2300 GLADES ROAD
SUITE 300 EAST TOWER
BOCA RATON, FL 33431

FEI Number: 59-2837747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, MICHAEL A ESQ
120 E PALMETTO PK RD SUITE 150
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SCHROEDER, MICHAEL A ESQ
2300 GLADES ROAD
SUITE 300 EAST TOWER
BOCA RATON, FL 33431 US

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.

SIGNATURE:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHROEDER, MICHAEL A, .
Address: 120 E PALMETTO PK RD #150
City-St-Zip: BOCA RATON, FL 33432

Title: DVP (X) Delete
Name: LARCHE, W. LAWRENCE,
Address: 120 E PALMETTO PK RD #150
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCHROEDER, MICHAEL A, .
Address: 2300 GLADES ROAD, SUITE 300 EAST TOWER
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. SCHROEDER

P/D

04/29/2008

Electronic Signature of Signing Officer or Director

Date