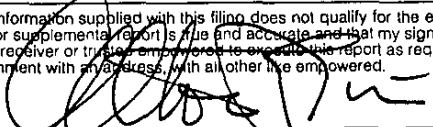


FILED
Jan 26, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M67236 1. Entity Name ALTON G. PITTS, P.A.			
Principal Place of Business 627 LAKEVIEW ST ORLANDO, FL 32804		Mailing Address P.O. BOX 540447 ORLANDO, FL 32854	
DO NOT WRITE IN THIS SPACE			
		01102007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2866809	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PITTS, NEAL P., ESQ. 80 BONNIE LOCH CT ORLANDO, FL 32806		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000004785 01/30/07-80009-007 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	PITTS, ALTON G., ESQ.		
STREET ADDRESS	627 LAKEVIEW ST		
CITY-ST-ZIP	ORLANDO, FL 32804		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		1/24/07 407-650-1610	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	