## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # M85658** CHARLES E. LIOTT D.C., P.A. Principal Place of Business Mailing Address 2477 STICKNEY PT ROAD 2477 STICKNEY PT RD SUITE 202A SUITE 202A SARASOTA, FL 34231 SARASOTA, FL 34231 04182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0060273 Not Applicable 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent and the second second WATTS, DANA J. A DO NOT WRITE 1620 MAIN STREET SUITE ONE IN THIS SPACE SARASOTA, FL 34236 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 aignature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PST ng palahanangan TITLE NAME LIOTT, CHARLES E. STREET ADDRESS 2477 STICKNEY PT RD 202A CITY-ST-ZIP SARASOTA, FL A disk in a dangah disebagai ke TITLE STREET ADDRESS Property of the second of the CITY-ST-7/P STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS mand a managati bang pada a dalah CITY-ST-ZIP 05/01/07-80105-013/150:00 TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier points 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

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

R OR DIRECTOR

Daytine Phone #