
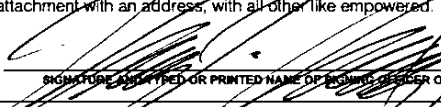


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90043 010 \*\*\*150.00

<b>DOCUMENT # M89334</b> 1. Entity Name <b>KERRY A. GREENWALD, P.A.</b>					
Principal Place of Business <b>4800 NORTH FEDERAL HIGHWAY STE 307-B BOCA RATON, FL 33431 US</b>			Mailing Address <b>4800 NORTH FEDERAL HIGHWAY STE 307B BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business - No P.O. Box # <b>350 CAMINO GARDENS BLVD</b> Suite, Apt. #, etc. <b>SUITE 301</b> City & State <b>BOCA RATON, FL</b> Zip <b>33432</b> Country <b>US</b>		3. Mailing Address <b>350 CAMINO GARDENS BLVD.</b> Suite, Apt. #, etc. <b>STE 301</b> City & State <b>BOCA RATON, FL</b> Zip <b>33432</b> Country <b>US</b>			
02262008 Chg-P CR2E034 (12/06)				4. FEI Number <b>65-0068860</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CAP SERVICE CORPORATION 4800 N. FEDERAL HIGHWAY 350 CAMINO GARDEN BLVD. STE 307-B STE 301 BOCA RATON, FL 33431 83432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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, 2008 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENWALD, KERRY A. <b>350 CAMINO GARDENS</b> <b>4800 N. FEDERAL HWY. STE 307B BLVD. STE 301</b> BOCA RATON, FL <del>33431</del> <b>33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b>  <b>KERRY A. GREENWALD</b> <b>3/21/08</b> <b>(813) 957-0200</b> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					