


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M91455 1. Entity Name DAVID L. KOUT, P.A.	
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Principal Place of Business 9000 SHERIDAN ST. SUITE 102 PEMBROKE PINES, FL 33024 US	Mailing Address 9000 SHERIDAN ST. SUITE 102 PEMBROKE PINES, FL 33024 US
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0041843	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOUT, DAVID 9000 SHERIDAN ST SUITE 102 PEMBROKE PINES, FL 33024

**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 _____
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 PVT	NAME KOUT, DAVID
STREET ADDRESS 9000 SHERIDIAN STREET 102	CITY, ST, ZIP PEMBROKE PINES, FL 33024
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
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP

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05/14/07-80072-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **David Kout, Pres.** 4/27/07 954 430 3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #