


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90035 013 ****61.25

DOCUMENT # N44330	
1. Entity Name SARASOTA*MANATEE CHAPTER OF THE ASSOCIATION OF LEGAL ADMINISTRATORS, INC.	

Principal Place of Business 1750 RINGLING BLVD SARASOTA, FL 34236 US	Mailing Address P.O. BOX 48616 SARASOTA, FL 34230 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMCALA C/O ABEL BAND ATTN: TODD RAINS 240 S PINEAPPLE AVE 10TH FL SARASOTA, FL 34236	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 _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		

Filing Fee is \$61.25 Due by May 1, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	PD LITTLE, LOUISE 1001 AVANIDA DEL CIRCO VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAINS, TODD 240 S PINEAPPLE AVE SARASOTA, FL 34236 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AIKEN, VALERIE 355 W VENICE AVE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOSCH, ROBIN 1800 2ND ST STE 808 SARASOTA, FL 34236 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Veronica Medlin 2940 S. TAMiami TR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Amber Frost 1515 Ringling Blvd, Ste. 700 SARASOTA, FL 34236

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 617, 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: 	3/6/07 (941) 488-6716
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>