2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000975

City-St-Zip:

SARASOTA, FL 34233

Entity Name: THE FAMILY LAW CONNECTION INC.

FILED Mar 23, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
1750 17TH B-3	IST						
SARASOT	A, FL 34234	US					
Current Mailing Address:				New Mailing Address:			
1750 17TH B-3	IST						
	A, FL 34234	US					
FEI Number: 65-0415147		FEI Number Applied For ()	FEI Number Not Applicable ()		icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
3428 RIVIE	S, DENISE L ERA DR A, FL 34232	US	221	WAKEMAN, MELISSA 2211 PALMA SOLA BLVD. BRADENTON, FL 34209 US			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of cha	anging i	ts registered	office or registered agent, or both,	
SIGNATUR	RE: MELISSA	WAKEMAN				03/23/2007	
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () FROMAN, ANDF 3778 EAGLE HA SARASOTA, FL	MMOCK DR			() Change () Addition	
Title: Name: Address: City-St-Zip:	JOFFE, LINDA 7061 WOODMO	Delete DRE TERRACE NNCH, FL 34202			() Change () Addition	
Title: Name: Address: City-St-Zip:	ED () ROBERTS, DEN 3428 RIVIERA I SARASOTA, FL)R			D (WAKEMAN, N 2211 PALMA BRADENTON	SOLA BLVD.	
Title: Name: Address: City-St-Zip:	S (X) PATMAGRIAN, I 3939 GROVELA SARASOTA, FL	ND AVE			() Change () Addition	
Title: Name: Address:	TD () MUSCO, STEPH 4717 MEADOW		Title Nam Addi		WELCH, SUS	X) Change () Addition AN AL LAKES CT.	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SARASOTA, FL 34235

SIGNATURE: MELISSA WAKEMAN D 03/23/2007