

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000001282

FILED
May 20, 2007
Secretary of State

Entity Name: M. STANFORD & ASSOCIATES, INC.

Current Principal Place of Business:

1601 N PALM AVE STE 210
PEMBROKE PINES, FL 33026

New Principal Place of Business:

1601 NORTH PALM AVENUE
SUITE 210
PEMBROKE PINES, FL 33026

Current Mailing Address:

1601 N PALM AVE STE 210
PEMBROKE PINES, FL 33026

New Mailing Address:

1601 NORTH PALM AVENUE
SUITE 210
PEMBROKE PINES, FL 33026

FEI Number: 65-0971256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANFORD, MATTHEW A
1601 N PALM AVE STE 210
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

STANFORD, MATTHEW A
1601 NORTH PALM AVENUE
SUITE 210
PEMBROKE PINES, FL 33026 US

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.

SIGNATURE: MATTHEW A STANFORD

05/20/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STANFORD, MATTHEW A
Address: 1601 N PALM AVE STE 210
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: STANFORD, ENID
Address: 1601 N PALM AVE STE 210
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW A STANFORD

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05/20/2007

Electronic Signature of Signing Officer or Director

Date