

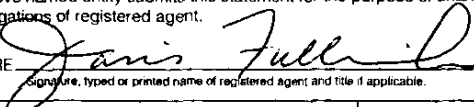
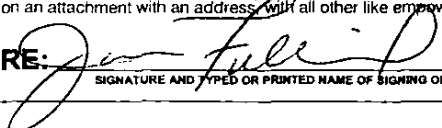


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000673085 1. Entity Name RICHARD RUBINSTEIN, P.A.						FILED 08 FEB 13 AM 11:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1490 TUSKANILA RD. OVIEDO, FL 32765				Mailing Address 151 KENTUCKY BLUE CIR APOPKA, FL 32712			
2. Principal Place of Business - No P.O. Box # 1490 TUSKANILA RD		3. Mailing Address 2224 CATBRIAR WAY		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OVIEDO, FL		City & State OVIEDO, FL		4. FEI Number 59-3226606		Applied For <input type="checkbox"/> Not Applicable	
Zip 32765		Country		Zip 32765		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02072008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent RUBINSTEIN, RICHARD 151 KENTUCKY BLUE CIR APOPKA, FL 32712				7. Name and Address of New Registered Agent Name JANIS FULLENWIDER Street Address (P.O. Box Number is Not Acceptable) 2224 CATBRIAR WAY City OVIEDO FL Zip Code 32765			
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 2/1/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input checked="" type="checkbox"/> Delete NAME RUBINSTEIN, RICHARD STREET ADDRESS 151 KENTUCKY BLVD CIR CITY-ST-ZIP APOPKA, FL 32708				TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JA FULLENWIDER, JANIS STREET ADDRESS 2224 CATBRIAR WAY CITY-ST-ZIP OVIEDO, FL 32765			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DIA MCPHERSON-HURT, DIA STREET ADDRESS 833 MOFFAT LOOP CITY-ST-ZIP OVIEDO, FL 32765			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 4001 17th 4837 CITY-ST-ZIP 02/1/08 01008-000 **193.75			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 5001 18147745 CITY-ST-ZIP 02/15/08--01002--034 **193.75			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
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:  JANIS FULLENWIDER 2/1/08 407-678-8387 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							