2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095344

Entity Name: DANIEL B. HARRELL, P.A.

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1600 S. FEDERAL HWY

SUITE 200 SUITE 200 FT. PIERCE, FL 349505194 FT. PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

1600 S. FEDERAL HWY SUITE 200 1600 S. FEDERAL HWY SUITE 200

FT. PIERCE, FL 349505194 FT. PIERCE, FL 34950

FEI Number: 65-1052962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRELL, DANIEL B
1600 S. FEDERAL HWY
SUITE 200
FT. PIERCE, FL 349505194 US
HARRELL, DANIEL B
1600 S. FEDERAL HWY
SUITE 200
FT. PIERCE, FL 349505194 US
FT. PIERCE, FL 34950 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: 03/17/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P/D (X) Change () Addition

Name: HARRELL, DANIEL B
Address: 1600 S. FEDERAL HWY ST 200
Address: 1600 S. FEDERAL HWY ST 200

City-St-Zip: FT. PIERCE, FL 349505194 City-St-Zip: FT. PIERCE, FL 34950

Title: ST () Delete Title: S/T (X) Change () Addition

Name: RUSS, KAREN B Name: RUSS, KAREN B

Address: 1600 S FEDERAL HWY SUITE 200
City-St-Zip: FORT PIERCE, FL 349505194

Address: 1600 S FEDERAL HWY SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

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: KAREN B RUSS S/T 03/17/2008