2007 FOR PROFIT CORPORATION FILED ANNUAL REPORT Mar 15, 2007 08:00 AN **DOCUMENT # P00000115659 Secretary of State** 1. Entity Name VAN BUSKIRK/FISH & ASSOCIATES, INC. Principal Place of Business Mailing Address 12450 TAMIAMI TRAIL UNIT D 12450 TAMIAMI TRAIL UNIT D NORTH PORT, FL 34287 NORTH PORT, FL 34287 No Chg-P CR2E034 (11/05) 03132007 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1081029 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FISH, ALAN K DO NOT WRITE 12450 TAMIAMI TRAIL UNIT D NORTH PORT, FL 34287 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees

10.

PO TITLE MAME FISH, ALAN K STREET ADDRESS 3799 FONTAINBLEAU ST CITY-ST-ZIP NORTH PORT, FL 34287 TILE FISH, SUSAN A NAME STREET ADDRESS 3799 FONTAINBLEAU ST CITY-ST-ZIP NORTH PORT, FL 34287 mu NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME

OFFICERS AND DIRECTORS

U00000667753 03/27/07-80001-015 158.75

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 eath, 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICE