2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000006850

1. Entity Name
NEUERMAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O DONALD B. NEUERMAN STE 205 19620 PINES BLVD PEMBROKE PINES, FL 33029 US	C/O DONALD B. NEUERMAN PO BOX 820100 SO FLORIDA, FL 33082-0100 US

DO NOT WRITE IN THIS SPACE

01302007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1069884	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEUERMAN, DONALD B
19620 PINES BLVD., STE 205
PEMBROKE PINES, FL 33029

DO NOT WRITE 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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	NEVERMAN, DONALD B
STREET ADDRESS	19620 PINES BLVD., STE 205
CITY-ST-ZIP	PEMBROKE PINES, FL 33029

TITLE	
NAME	
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04/05/07-80009-017 150.00

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: _____   3/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #