2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000018730

1. Entity Name ALAN R. SANDLER, P.A.

Mailing Address

205 N. ARMENIA AVE, SUITE 101 TAMPA, FL 33609

Principal Place of Business

205 N. ARMENIA AVE., SUITE 101 TAMPA, FL 33609

FILED May 02, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3711394

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

SANDLER, ALAN R 205 N. ARMENIA AVE., SUITE 101 TAMPA, FL 33609

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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.	

(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

U00000754228 /22/07-80052-016 150.00

OFFICERS AND DIRECTORS 10. TITLE SANDLER, ALAN R NAME STREET ADDRESS 205 N. ARMENIA AVE., SUITE 101 CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 of 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGN