2007 FOR PROFIT CORPORATION

Apr 16, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P01000043262 FINKELSTEIN & ASSOCIATES, P.A. Principal Place of Business Mailing Address 27 FLETCHER AVENUE 27 FLETCHER AVENUE SARASOTA, FL 34237 SARASOTA, FL 34237 No Chg-P CR2E034 (11/05) 01152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-1035846 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FINKELSTEIN, DAVID DO NOT WRITE 27 FLETCHER AVE. SARASOTA, FL 34237 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 000000712**54**0 04/26/07-80052-007 150.00 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE FINKELSTEIN, DAVID NAME 27 FLETCHER AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED