

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047526

FILED
Apr 19, 2007
Secretary of State

Entity Name: PETER LEVINE ASSOCIATES, INC.

Current Principal Place of Business:

6847 ROYAL ORCHID CIRCLE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

6847 ROYAL ORCHID CIRCLE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 65-1105881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, PETER
6847 ROYAL ORCHID CIRCLE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/PR () Delete
Name: LEVINE, PETER
Address: 6847 ROYAL ORCHID CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446

Title: DVP () Delete
Name: LEVINE, ELIZABETH K
Address: 6847 ROYAL ORCHID CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446

Title: D/TR () Delete
Name: WEISMAN, DEBORAH L
Address: 6282 VIA PALLADIUM
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: LEVINE, JEREMY D
Address: 320 EAST 23D ST. 14P
City-St-Zip: NEW YORK, NY 10010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER G. LEVINE

PR

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date