

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90093 047 \*\*\*150.00

<b>DOCUMENT # P01000074722</b>					
<b>1. Entity Name</b> CAROLYN S. ANSAY, P.A.					
<b>Principal Place of Business</b> 777 S. FLAGLER AVE. STE 800 WEST TOWER WEST PALM BCH, FL 33401			<b>Mailing Address</b> 777 S. FLAGLER AVE. STE 800 WEST TOWER WEST PALM BCH, FL 33401		
<b>2. Principal Place of Business - No P.O. Box #</b> 525 S. Flagler Dr.		<b>3. Mailing Address</b> 525 S. Flagler Dr.			
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200			
<b>City &amp; State</b> West Palm Beach, FL		<b>City &amp; State</b> West Palm Beach, FL		<b>4. FEI Number</b> 65-1126579	
Zip 33401		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> ANSAY, CAROLYN S 777 S. FLAGLER AVE. STE. 800 WEST TOWER WEST PALM BCH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name Carolyn S. Ansay Street Address (P.O. Box Number is Not Acceptable) 525 S. Flagler Dr., Suite 200 City West Palm Beach FL Zip Code 33401		
<b>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.</b> SIGNATURE  DATE <u>4/7/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT <input type="checkbox"/> Delete ANSAY, CAROLYN S 777 S. FLAGLER AVE., STE. 800 WEST TOWER WEST PALM BEACH, FL 33401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 525 S. Flagler Dr., Suite 20 West Palm Beach, FL 33401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b> SIGNATURE:  DATE <u>4/7/08</u> DAYTIME PHONE # <u>561-802-3334</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					