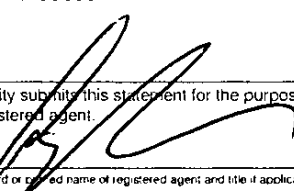
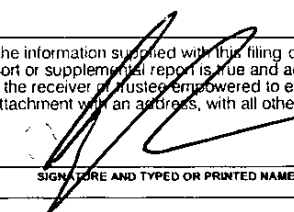


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90009 009 \*\*\*150.00

<b>DOCUMENT # P01000108889</b> 1. Entity Name <b>THE LAW OFFICES OF ANDREW A. PONNOCK, P.A.</b>																													
Principal Place of Business <b>3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS, FL 33065</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>10101 W. SAMPLE ROAD</b> <b>CORAL SPRINGS, FL 33065</b>		3. Mailing Address Suite, Apt. #, etc. <b>10101 W. SAMPLE ROAD</b> <b>CORAL SPRINGS, FL 33065</b>																											
City & State <b>CORAL SPRINGS, FL 33065</b>		City & State <b>CORAL SPRINGS, FL 33065</b>		4. FEI Number <b>65-1151910</b>																									
Zip <b>33065</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>PONNOCK, ANDREW A 3300 UNIVERSITY DR., STE. 901 CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent Name <b>Ponnock, Andrew A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10101 W. SAMPLE ROAD</b> <b>CORAL SPRINGS, FL 33065</b> City <b>FL</b> Zip Code																										
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  <b>ANDREW PONNOCK</b> DATE <b>3/26/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P PONNOCK, ANDREW</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>3300 UNIVERSITY DR 901</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CORAL SPRINGS, FL 33065</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P PONNOCK, ANDREW	<input type="checkbox"/> Delete	NAME	3300 UNIVERSITY DR 901		STREET ADDRESS	CORAL SPRINGS, FL 33065		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P Ponnock, Andrew A.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>10101 W. SAMPLE ROAD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CORAL SPRINGS, FL 33065</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P Ponnock, Andrew A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10101 W. SAMPLE ROAD		STREET ADDRESS	CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		
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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 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: 				Date <b>3/26/08</b> Dytime Phone # <b>954-340-4051</b>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													