## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000109524

Entity Name: LAUDADIO AND ASSOCIATES, PA

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
210 N UNIVERSITY DR SUITE 707				210 N UNIVERSITY DR SUITE 404			
CORAL SPRINGS, FL 33071				CORAL SPRINGS, FL 33071			
Current Mailing Address:				New Mailing Address:			
210 N UNIVERSITY DR SUITE 707 CORAL SPRINGS, FL 33071				210 N UNIVERSITY DR SUITE 404 CORAL SPRINGS, FL 33071			
FEI Number	: 65-1155347	FEI Number Applied For ( )	FEI Num	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:	
LAUDADIO, JOHN A 210 N UNIVERSITY DR SUITE 707 CORAL SPRINGS, FL 33071 US				LAUDADIO, JOHN A 210 N UNIVERSITY DR SUITE 404 CORAL SPRINGS, FL 33071 US			
	e named entity e of Florida.	submits this statement for the po	urpose of	f changing it	ts registered	office or registered agent, or both,	
SIGNATURE: JOHN LAUDADIO				04/26/2007			
	Electro	nic Signature of Registered Age	nt			Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	LAUDADIO, JO 10375 NW 4TI			Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LAUDADIO, M 10375 NW 4TI			Title: Name: Address: City-St-Zip:	LAUDADIO, N 10375 NW 41		
Title: Name: Address: City-St-Zip:	D ( WHEELER, M 6637 SCHOO! MARGATE, FL	NER TER		Title: Name: Address: City-St-Zip:	SD ( WHEELER, N 6637 SCHOO MARGATE, F	ONER TER	
Title: Name: Address: City-St-Zip:	D ( LAUDADIO, JE 9601 SANTA F TAMARAC, FL	ROSA		Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address:	(	) Delete		Title: Name: Address:	D ( LAUDADIO, J 2608-A N TUS		

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.

City-St-Zip: SANTA ANA, CA 92705

SIGNATURE: MELISSA WHEELER SD 04/26/2007

City-St-Zip: