2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 23, 2007 08:00 Secretary of State DOCUMENT # P01000114926 1. Entity Name ANN M. WILLIS, P.A. Principal Place of Business Mailing Address 3999 UPOLO LN 3999 UPOLO LN NAPLES, FL 34119 NAPLES, FL 34119 CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3759858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIS, ANN M DO NOT WRITE 3999 UPOLO LN NAPLES, FL 34119 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE WILLIS, ANN M NAME STREET ADDRESS **3999 UPOLO LN** CITY-ST-ZIP NAPLES, FL 34119 TITLE NAME STREÉT ADDRESS 000000726247 05/03/07-80055-003 150.00 CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 like empowered.

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NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Daytime Phone #