

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121312

FILED
Jan 18, 2007
Secretary of State

Entity Name: LOCAL BROKER & ASSOCIATES, INC.

Current Principal Place of Business:

45 PLEASANT DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

45 PLEASANT DRIVE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 80-0005570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTROPIERRO, JOHN N PRES
45 PLEASANT DRIVE
ORMOND BEACH, FL 32176 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 () Delete
Name: MASTROPIERRO, JOHN N
Address: 45 PLEASANT DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD () Delete
Name: HAMILTON, WYNN A
Address: 33 WILMETTE AVE.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: HAMILTON, WYNN A
Address: 25 WILMETTE AVE.
City-St-Zip: ORMOND BEACH, FL 32174

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: JOHN N MASTROPIERRO

PRES

01/18/2007

Electronic Signature of Signing Officer or Director

Date