
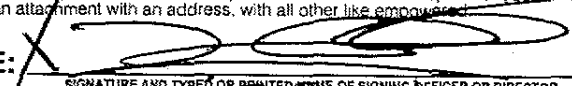


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000122072 1. Entity Name VICTORIA P. BEHM, P.A.		
Principal Place of Business 405 2ND ST. SOUTH, SUITE C SAFETY HARBOR, FL 34695	Mailing Address 405 2ND ST. SOUTH, SUITE C SAFETY HARBOR, FL 34695	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BEHM, VICTORIA P 405 2ND ST. SOUTH, SUITE C SAFETY HARBOR, FL 34695		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEHM, VICTORIA P 405 2ND ST. SOUTH, SUITE C SAFETY HARBOR, FL 34695	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICTORIA P. BEHM		



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0012847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000609219
02/01/07-80042-009 150.00

**DO NOT WRITE
IN THIS SPACE**

1-23-2007 727-712-1811
Date Daytime Phone #