2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

Mar 07, 2007 8:00 am **Secretary of State** DOCUMENT # P01000122446 03-07-2007 90018 039 ***150.00 1. Entity Name NEILSON AND ASSOCIATES, P.A. 4002100+ Principal Place of Business Mailing Address 1332 W COLONIAL DRIVE 1332 W COLONIAL DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804 02022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1958127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEILSON, W LANE DO NOT WRITE 1332 W COLONIAL DRIVE ORLANDO, FL 32804 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS XPRESIDENT TITLE NEILSON, W LANE NAME STREET ADDRESS 1332 W COLONIAL DRIVE CITY-ST-ZIP ORLANDO, FL 32804 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 the empowered.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED