


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90345 043 ***150.00

DOCUMENT # P02000003378 1. Entity Name MICHAEL C. BOYETTE, P.A.																																									
Principal Place of Business 6611 BOYETTE RD. WESLEY CHAPEL, FL 33544-3882			Mailing Address 6611 BOYETTE RD. WESLEY CHAPEL, FL 33544-3882																																						
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																							
City & State Zip 33545-3882 Country		City & State Zip 33545-3882 Country		4. FEI Number 01-0559863																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																																							
6. Name and Address of Current Registered Agent BOYETTE, MICHAEL C 6611 BOYETTE ROAD ZEPHYRHILLS, FL 33544-3882			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City WESLEY CHAPEL FL Zip Code 33545-3882																																						
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 <u>Michael C. Boyette</u> Michael C. Boyette 02/13-2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE PVST NAME BOYETTE, MICHAEL C STREET ADDRESS 6611 BOYETTE ROAD CITY-ST-ZIP ZEPHYRHILLS, FL 33544-3882 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE PVST NAME BOYETTE, MICHAEL C STREET ADDRESS 6611 BOYETTE ROAD CITY-ST-ZIP ZEPHYRHILLS, FL 33544-3882	<input type="checkbox"/> Delete																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE PSTD NAME STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33545-3882 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE PSTD NAME STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33545-3882	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																
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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: Michael C. Boyette Michael C. Boyette, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									