

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000049758**

1. Entity Name  
**MARIE ALIXE KIMA, P.A.**



Principal Place of Business  
**720 SW 2ND AVENUE**  
**SUITE 401**  
**GAINESVILLE, FL 32607 US**

Mailing Address  
**720 SW 2ND AVENUE**  
**SUITE 401**  
**GAINESVILLE, FL 32607 US**



04042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-4442306</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHAMBERLAIN, STEVEN M**  
**618 NE 1ST STREET**  
**GAINESVILLE, FL 32601**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>CEO</b>	<b>KIMA, MARIE A</b>
NAME	
STREET ADDRESS	<b>8630 NW 4TH PLACE</b>
CITY-ST-ZIP	<b>GAINESVILLE, FL 32607</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/20/07-80130-005 150.00

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:** *Marie Alixe Kima*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/13/07* *(352) 336-3992*  
 Date Daytime Phone #