

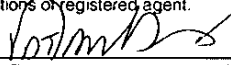
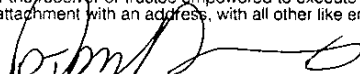


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90195 016 ***150.00

DOCUMENT # P02000059546 1. Entity Name NATALIE M. ADAMS, P.A.																																																					
Principal Place of Business 1640 W. OAKLAND PARK BLVD SUITE 303 FORT LAUDERDALE, FL 33311			Mailing Address 1640 W. OAKLAND PARK BLVD SUITE 303 FORT LAUDERDALE, FL 33311																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																			
City & State Zip Country		City & State Zip Country		02072008 Chg-P CR2E034 (12/06)																																																	
4. FEI Number 01-0703513				Applied For <input type="checkbox"/> Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent ADAMS, NATALIE M 1333 NW 87 AVENUE CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name NATALIE M. ADAMS Street Address (P.O. Box Number is Not Acceptable) 1640 W. OAKLAND PARK BLVD., # 303 City FORT LAUDERDALE FL Zip Code 33311																																																		
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  NATALIE M. ADAMS 2/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																																																					
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:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:40%;"> P. ADAMS, NATALIE M 1333 NW 87 AVE CORAL SPRING, FL 33071 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. ADAMS, NATALIE M 1333 NW 87 AVE CORAL SPRING, FL 33071	<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:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:40%;"> PRESIDENT NATALIE M. ADAMS 1640 W. OAKLAND PARK BLVD., #303 FORT LAUDERDALE, FL 33311 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT NATALIE M. ADAMS 1640 W. OAKLAND PARK BLVD., #303 FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input 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:  NATALIE M. ADAMS, PRESIDENT 2/1/08 (954) 616-6500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					