2008 FOR PROFIT CORPORATION

Mar 27, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P02000064160 1. Entity Name THE LAW OFFICE OF BRIAN C. KERI, P.A. Principal Place of Business Mailing Address PO BOX 13599 PO BOX 13599 TALLAHASSEE, FL 32317-3599 TALLAHASSEE, FL 32317-3599 CR2E034 (11/05) 01112008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0465131 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KERI, BRIAN C DO NOT WRITE 1200 CONSERVANCY DRIVE EAST TALLAHASSEE, FL 32312 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_ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered apent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS -10. TITLE KERI, BRIAN C NAME STREET ADDRESS 1200 CONSERVANCY DR E TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE U00000872207 04/10/08-80029-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIRE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CiTY-ST-ZIP TITLE --

NAME . STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

gradult in the pro-

297-2222

FILED