


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P02000064645

1. Entity Name
THE ACCOUNTING OFFICES OF LEVINE & ASSOCIATES, P.A.



Principal Place of Business 1001 BRICKELL BAY DRIVE SUITE 2002 MIAMI, FL 33131 US	Mailing Address 1001 BRICKELL BAY DRIVE SUITE 2002 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1158879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEVINE, ALAN
 1001 BRICKELL BAY DRIVE
 SUITE 2002
 MIAMI, FL 33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

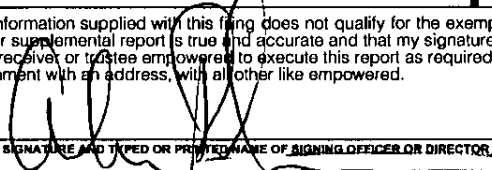
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEVINE, ALAN
STREET ADDRESS	1001 BRICKELL BAY DRIVE, STE. 2002
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	LEVINE, ALAN
STREET ADDRESS	1001 BRICKELL BAY DRIVE, STE. 2002
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

05/01/08-80015-020 150.00

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:  **4/9/08 305-350-5699**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #