


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90047 008 \*\*\*550.00

<b>DOCUMENT # P02000108320</b> 1. Entity Name <b>VIJITHA K. REDDY, PA.</b>																													
Principal Place of Business <b>5109 LATROBE DR</b> <b>WINDERMERE, FL 34786</b>			Mailing Address <b>5109 LATROBE DR</b> <b>WINDERMERE, FL 34786</b>																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number <b>56-2298326</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																										
6. Name and Address of Current Registered Agent  <b>REDDY, VIJITHA K</b> <b>5109 LATROBE DR</b> <b>WINDERMERE, FL 34786</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																										
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 _____																													
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>REDDY, VIJITHA K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5109 LATROBE DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WINDERMERE, FL 34786</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	REDDY, VIJITHA K		STREET ADDRESS	5109 LATROBE DR		CITY - ST - ZIP	WINDERMERE, FL 34786		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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07242007 Chg-P CR2E034 (12/06)

*11253 Bridgehouse Rd  
Windermere, FL 34786*

*7/31/07*

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #