2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 30, 2007 08:00 A Secretary of State **DOCUMENT # P02000115778** 1. Entity Name ROBERT L. VAUGHN, P.A. Principal Place of Business Mailing Address 2080 COLLIER AVE. 2080 COLLIER AVE. FORT MYERS, FL 33901 FORT MYERS, FL 33901 CR2E034 (11/05) 01082007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0867726 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAUGHN, ROBERT L DO NOT WRITE 2080 COLLIER AVE. FORT MYERS, FL 33901 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent cignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME VAUGHN, ROBERT L 2080 COLLIER AVE. STREET ADDRESS U00000765534 FORT MYERS, FL 33901 CITY-ST-ZIP 06/01/07-80011-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions on tained 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 sharplave the same legal effect as it 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 of the corporation or the receive

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone 6