## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2007 8:00 am Secretary of State

DOCUMENT # P0300005530  1. Entity Name PHIL DERRY, P.A.									04-11	-2007 9	0023 04	46 ***150.	00	
Principal Place of Business 1631 DEL PRADO BL S UNIT 405 CAPE CORAL, FL 33990				Mailing Address P O DRAWER 60205 FT MYERS, FL 33906				40056355 03062007 Chg-P CR2E034 (12/06)						
2. Principal Place of Business - No P.O. Box # 2311 Santa Barbara Blvd.  Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.										
			Suite											
City & State Cape Coral, FL		City	City & State				4. FEI Number Applied For 02-0665430 Not Applied be							
Zio. 33991 Country		Zip	Zip Coui		itry				Desired	\$9.75 Additional				
	6. Name	and Address of Curre	ent Registere	ed Agent		I		7. Name and	Address	of New R	legistere	d Agent		
ROYSTEON, ROBERT D JR 12670 NEW BRITTANY BL STE 101 FT MYERS, FL 33907							Name Street Address (P.O. Box Number is Not Acceptable)							
						City					F	Zip Coo	de	
	e named entit	ty submits this statemer	nt for the purp	oose of changing its	s register	ed office or	registere	d agent, or bo	th, in the	State of Flo	orida. I ar	m familiar with	, and accept	
<ol><li>The above the obligation</li></ol>	tions of regist	tered agent.												
<ol> <li>The above the obligation</li> <li>SIGNATURI</li> </ol>	tions of regist	tered agent.  To printed name of registered ag	pent and title if app	olicable. (NOT	TE. Registere	d Agent signatur	re required w	hen reinstating)			DATE			
the obliga SIGNATURI FIL	Signature, typed			9. Election Campa Trust Fund Conf	aign Finar	d Agent signatur	\$5.0	O May Be to Fees			DATE	-	<del></del>	
the obliga SIGNATURI FIL	Signature, typed  .E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$55		9. Election Campa Trust Fund Conf	aign Finar	ncing _	\$5.0	O May Be I to Fees	CHANGE	S TO OFF		ND DIRECTOR	IS IN 11	
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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!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07 239-209-7777
Date Daysine Phone #