

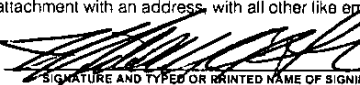


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90199 032 ***150.00

DOCUMENT # P03000033076 1. Entity Name LAW OFFICES OF MITCHELL A. SHERMAN, P.A.					
Principal Place of Business 7593 BOYNTON BEACH BLVD SUITE 210 BOYNTON BEACH, FL 33437 US			Mailing Address 7593 BOYNTON BEACH BLVD SUITE 210 BOYNTON BEACH, FL 33437 US		
2. Principal Place of Business - No P.O. Box # 7593 Boynton Beach Blvd Suite, Apt. #, etc. Suite 220 City & State Boynton Beach, FL Zip 33437 Country USA		3. Mailing Address 7593 Boynton Beach Blvd. Suite, Apt. #, etc. Suite 220 City & State Boynton Beach, FL Zip 33437 Country USA			
					
4. FEI Number 65-0219628		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SHERMAN, MITCHELL A 7593 BOYNTON BEACH BLVD SUITE 210 BOYNTON BEACH, FL 33437			7. Name and Address of New Registered Agent Name Mitchell A. Sherman Street Address (P.O. Box Number is Not Acceptable) 7593 Boynton Beach Blvd. Suite 220 City Boynton Beach FL Zip Code 33437		
8. The above named entity submits this statement for the purpose of changing its registered officer 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERMAN, MITCHELL A ESQ. 7593 BOYNTON BEACH BLVD, SUITE 210 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mitchell A. Sherman 7593 Boynton Beach Blvd. Ste. 220 Boynton Beach, FL 33437		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		4-30-08 561-738-1202 Date Daytime Phone #			