

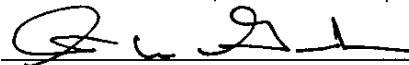


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90034 014 ***150.00

DOCUMENT # P03000036104			
1. Entity Name SCOTT M. GORDON, P.A.			
Principal Place of Business 350 ROYAL PALM WAY SUITE 403 PALM BEACH, FL 33480		Mailing Address 350 ROYAL PALM WAY SUITE 403 PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box # 265 Sunrise Avenue		3. Mailing Address 265 Sunrise Avenue	
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc. Suite 204	
City & State Palm Beach, FL		City & State Palm Beach, FL	
Zip 33480	Country US	Zip 33480	Country US
6. Name and Address of Current Registered Agent LEE B. GORDON, ESQ. 350 ROYAL PALM WAY #403 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 265 Sunrise Avenue, Suite 204 City Palm Beach FL Zip Code 33480	
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  Lee B. Gordon, Esq. 1-8-2008 Signature: typed or printed name of registered agent and title if applicable. (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	PSTD GORDON, SCOTT M 350 ROYAL PALM WAY SUITE 403 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	265 Sunrise Avenue #204 Palm Beach, FL 33480 <input checked="" 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
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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:  President		1-8-08 561-951-9161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50000563



01072008 Chg-P CR2E034 (12/06)

4. FEI Number **56-2361752** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**