

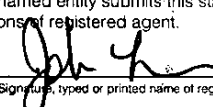
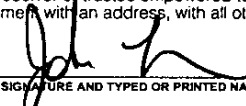


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90002 007 ***150.00

DOCUMENT # P03000058228					
1. Entity Name JOHN TRUEMAN, P.A.					
Principal Place of Business 320 LAMBERT AVE FLAGLER BEACH, FL 32136			Mailing Address 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32177		
2. Principal Place of Business - No P.O. Box # 255 Evernia St Suite Apt #, etc. Apt 1114		3. Mailing Address Suite, Apt. #, etc. _____		40109667 	
City & State West Palm Beach FL		City & State _____		4. FEI Number 35-2208719	
Zip 33401		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUEMAN, JOHN 1515 RIDGEWOOD AVE STE A HOLLY HILL, FL 32117			7. Name and Address of New Registered Agent Name: John Trueman Street Address (P.O. Box Number is Not Acceptable): 255 Evernia St Apt 1114 City: West Palm Beach FL Zip Code: 33401		
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: 7-1-08					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRUEMAN, JOHN 320 LAMBERT AVE FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	255 Evernia Street Apt 1114 West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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: 			Date: 7-1-08 Daytime Phone #: 561-352-6723		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					