


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90213 026 \*\*\*158.75

<b>DOCUMENT # P03000061896</b>	
1. Entity Name <b>OSCAR BISTONATH, P.A.</b>	

Principal Place of Business <b>126 BELLA VITA DRIVE ROYAL PALM BEACH, FL 33411 US</b>	Mailing Address <b>126 BELLA VITA DRIVE ROYAL PALM BEACH, FL 33411 US</b>
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2. Principal Place of Business - No P.O. Box # <b>11481-B Silk Carnation</b>	3. Mailing Address <b>11481-B Silk Carnation Way</b>
Suite, Apt. #, etc. <b>Way</b>	Suite, Apt. #, etc.



04192007 Chg-P CR2E034 (12/06)

City & State <b>Royal Palm Beach, FL</b>	City & State <b>Royal Palm Beach, FL</b>
Zip <b>33411</b>	Country <b>USA</b>
Zip <b>33411</b>	Country <b>USA</b>

4. FEI Number <b>11-3691808</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BISTONATH, OSCAR 126 BELLA VITA DRIVE ROYAL PALM BEACH, FL 33411</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BISTONATH, OSCAR</b>	
STREET ADDRESS <b>126 BELLA VITA DRIVE</b>	
CITY-ST-ZIP <b>ROYAL PALM BEACH, FL 33411</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BISTONATH, ELIZABETH E</b>	
STREET ADDRESS <b>126 BELLA VITA DRIVE</b>	
CITY-ST-ZIP <b>ROYAL PALM BEACH, FL 33411</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Bistonath, Oscar</b>	
STREET ADDRESS <b>11481 - B Silk Carnation Way</b>	
CITY-ST-ZIP <b>Royal Palm Beach, FL 33411</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Bistonath, Elizabeth E</b>	
STREET ADDRESS <b>11481 - B Silk Carnation Way</b>	
CITY-ST-ZIP <b>Royal Palm Beach, FL 33411</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE: 	Apr 25/07 561-656-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #