
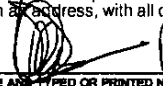


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90062 050 ***155.00

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|--|---|--|--|--|--|
| DOCUMENT # P03000064400 1. Entity Name VIVIEN ELLIS, P.A. | | | |  | |
| Principal Place of Business 720 S COLLIER BLVD #605 MARCO ISLAND, FL 34145 | | | Mailing Address 720 S COLLIER BLVD #605 MARCO ISLAND, FL 34145 | | |
| 2. Principal Place of Business - No P.O. Box # 337 VINTAGE BAY DRIVE | | 3. Mailing Address 337 VINTAGE BAY DR. | | | |
| Suite, Apt. #, etc. D 28 | | Suite, Apt. #, etc. D28 | | | |
| City & State MARCO IS, FL | | City & State MARCO ISLAND, FL | | | |
| Zip 34145 | | Country USA | | Zip 34145 | |
| Country USA | | 4. FEI Number 04-3760256 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ELLIS, VIVIEN 720 S COLLIER BLVD MARCO ISLAND, FL 34145 | | | 7. Name and Address of New Registered Agent Name ELLIS, VIVIEN Street Address (P.O. Box Number is Not Acceptable) 337 VINTAGE BAY DRIVE # D28 City MARCO ISLAND FL Zip Code 34145 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 | D <input type="checkbox"/> Delete ELLIS, VIVIEN 720 S COLLIER BLVD MARCO ISLAND, FL 34145 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELLIS, VIVIEN 337 VINTAGE BAY DRIVE, # D28 MARCO ISLAND, FL 34145 | |
| 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 | |
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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 | |
| 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | <small>Daytime Phone #</small> | |