2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 08, 2007 08:00 A Secretary of State **DOCUMENT # P03000112376** 1. Entity Name ROSALIE JEFFERSON, P.A. Principal Place of Business Mailing Address 718 GRISHAM STREET 718 GRISHAM STREET WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 No Chg-P CR2E034 (11/05) 02052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 27-0067353 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JEFFERSON, ROSALIE DO NOT WRITE 718 GRISHAM STREET WINTER GARDEN, FL 34787 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE JEFFERSON, ROSALIE U00000626831 02/15/07-80037-008 150.00 STREET ADDRESS 718 GRISHAM STREET CITY-ST-ZIP WINTER GARDEN, FL 34787 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS