2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Jan 11, 2007 8:00 am Secretary of State DOCUMENT # P03000127901 01-11-2007 90054 024 ***150.00 1. Entity Name WISNESKI & ASSOCIATES P.A. Principal Place of Business Mailing Address 400012220 1001 N U S HWY ONE STE 600 1001 N U S HWY ONE STE 600 JUPITER, FL 33477 JUPITER, FL 33477 3. Mailing Address 810 SATUIN STEET 2. Principal Place of Business - No P.O. Box # 810 SATURN STYCET Suite, Apt. #, etc. # 30 01042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For JUPITER JUPITER 55-0851763 Not Applicable 33 <u>477</u> Country PALM BEACH Country ^{Zip} 33477 \$8.75 Additional 5. Certificate of Status Desired PALM BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WISNESKI, RONALD H Street Address (P.O. Box Number is Not Acceptable) 1001 N U S HWY ONE STE 600 JUPITER, FL 33477% SIE 30 City JUPITER Zip Code 3347 8. The above named antily 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 egistered agent. KONALS H WISNESKI 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 NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE á ☐ Delete TITLE ☐ Change ☐ Addition NAME WISNESKI, RONALD H NAME STREET ADDRESS 18586 LAKESIDE GARDENS DR STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME LESLIE, JEFF NAME STREET ADDRESS 4153 WINGO ST STREET ADDRESS TEQUESTA, FL 33469 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition WISNESKI, JONICA L NAME NAME 18586 LAKESIDE GARDEN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling 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 hustee 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 attact the number of the proposed of the corporation of the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROWALS H WISLESKI 1/4/07

FILED