2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2007 08:00 AM Secretary of State DOCUMENT # P03000140956 1. Entity Name JAMÉS SOMMERS P.A. Principal Place of Business Mailing Address 3743 SE 2ND PLACE 3743 SE 2ND PLACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 No Chg-P CR2E034 (11/05) 01112007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0569680 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOMMERS, JAMES DO NOT WRITE 3743 SE 2ND PLACE CAPE CORAL, FL 33904 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 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE |\$ \$150.00 After May 1, 2007 Fee Will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SOMMERS, JAMES 3743 SE 2ND PLACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with his 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 truested impowered 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: X

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~ 1-11-05

x2784.851.235

Daytime Phone

FILED