## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000140976

FAIRVIEW, OR 97024

City-St-Zip:

Entity Name: PHILIP H. TALBERT & ASSOCIATES, INC.

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	T OCEAN DR ERDALE, FL			
Current M	lailing Addre	ss:	New Mailing Address:	
	T OCEAN DR ERDALE, FL			
FEI Number	: 54-2134144	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
	, PHILIP H T OCEAN DR ERDALE, FL			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	TALBERT, PHI 3500 GALT O	) Delete LIP H CEAN DR., SUITE 1516 ALE, FL 33308	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CHACON-TALI 3500 GALT O	) Delete BERT, ADA J SECY CEAN DR., SUITE 1516 ALE, FL 33308	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TALBERT, PHI 908 FIRETREI		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:		) Delete LAURIE A ASECY H	Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PHILIP H. TALBERT PD 04/13/2007