

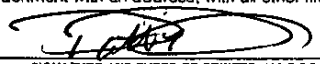


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90455 027 ***150.00

DOCUMENT # P04000019617			
1. Entity Name PATRICK T. DORRIAN, P.A.			
Principal Place of Business 3527 BAY ISLAND CIR JACKSONVILLE BEACH, FL 32250		Mailing Address 3527 BAY ISLAND CIR JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business - No P.O. Box # 701 Valley Forge Rd N		3. Mailing Address 701 Valley Forge Rd N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Neptune Bch FL		City & State Neptune Bch, FL	
Zip 32266	Country USA	Zip 32266	Country
6. Name and Address of Current Registered Agent DORRIAN, PATRICK T 3527 BAY ISLAND CIR JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Dorrian, Patrick T Street Address (P.O. Box Number is Not Acceptable) 701 Valley Forge Rd N City Neptune Bch FL Zip Code 32266	
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  DATE 4/28/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DORRIAN, PATRICK T 3527 BAY ISLAND CIR JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	701 Valley Forge Rd N Neptune Bch, FL 32266 <input checked="" 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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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:  Patrick T. Dorrian		Date 4/28/2007 Daytime Phone # 904-662-0344	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	