


2007 FOR PROFIT CORPORATION ANNUAL REPORT

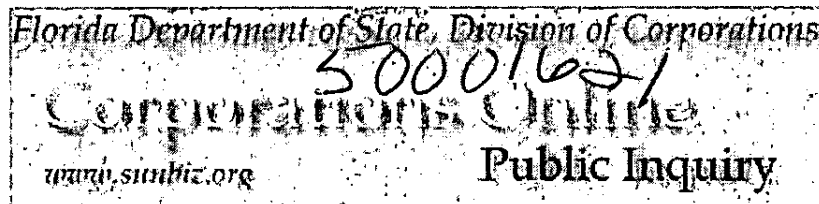
FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90027 029 ***150.00

50001621

DOCUMENT # P04000082888 1. Entity Name CHARLES J. LEVIN, P.A. ATTORNEY AT LAW					
Principal Place of Business 400 N. ASHLEY DRIVE, SUITE 2300 TAMPA, FL 33602			Mailing Address 400 N. ASHLEY DRIVE, SUITE 2300 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0869358	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, CHARLES J 400 N. ASHLEY DRIVE, SUITE 2300 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	D LEVIN, CHARLES J 400 N. ASHLEY DRIVE, SUITE 1950 TAMPA, FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 2300 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVIN, CHARLES J 400 N. ASHLEY DRIVE, SUITE 1950 TAMPA, FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 2300 <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	
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	
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	
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	
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: <i>Charles J. Levin</i> Charles J. LEVIN 5-22-07 8132245735 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT



Florida Profit

CHARLES J. LEVIN, P.A. ATTORNEY AT LAW

PRINCIPAL ADDRESS

400 N. ASHLEY DRIVE, SUITE 2300
 TAMPA FL 33602
 Changed 12/15/2006

MAILING ADDRESS

400 N. ASHLEY DRIVE, SUITE 2300
 TAMPA FL 33602
 Changed 12/15/2006

Document Number
 P04000082888

FEI Number
 550869358

Date Filed
 05/24/2004

State
 FL

Status
 ACTIVE

Effective Date
 06/01/2004

Last Event
 NAME CHANGE
 AMENDMENT

Event Date Filed
 08/29/2005

Event Effective Date
 NONE

Registered Agent

Name & Address
LEVIN, CHARLES J 400 N. ASHLEY DRIVE, SUITE 2300 TAMPA FL 33602
Address Changed: 12/15/2006

Officer/Director Detail

Name & Address	Title
LEVIN, CHARLES J 400 N. ASHLEY DRIVE, SUITE 1950 TAMPA FL 33602	D
LEVIN, CHARLES J 400 N. ASHLEY DRIVE, SUITE 1950	S

5-1-07
 was unable to
 download forms
 at 2:45 pm due
 to heavy traffic.
 no changes.
 Charles J. Levin
 Pres.
 400 N Ashley
 Dr.
 Ste 2300
 Tampa FL
 33602
 813-274-
 5135

ATTACHMENT

TAMPA FL 33602

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#P04000082888

Annual Reports

Report Year	Filed Date
2005	01/06/2005
2006	01/04/2006

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Listed below are the images available for this filing.

[12/15/2006 -- Reg. Agent Change](#)
[01/04/2006 -- ANNUAL REPORT](#)
[08/29/2005 -- Name Change](#)
[08/08/2005 -- Name Change](#)
[01/06/2005 -- ANNUAL REPORT](#)
[09/30/2004 -- Amendment](#)
[05/24/2004 -- Domestic Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT[Corporations Inquiry](#)[Corporations Help](#)