


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000085215
 1. Entity Name
 MAYFLOWER OFFICE ADVISORS, INC.



Principal Place of Business Mailing Address
 2255 GLADES ROAD, SUITE 411 E 2255 GLADES ROAD, SUITE 411 E
 BOCA RATON, FL 33431 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



05092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-1283555 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOTTSEEGN, STANLEY D.
 2255 GLADE ROAD # 402
 BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOTTSEGEN, STANLEY 2255 GLADES ROAD, SUITE 411 E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EHRENSTEIN, GABRIEL 6340 VIA TLERRA BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 06/13/07-80002-019 150.00

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/07 904-271-2
 Date Daytime Phone #