2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092670

City-St-Zip:

Entity Name: THOMAS D. SIMS III. P.A.

FILED May 29, 2007 Secretary of State

Littly Na	inic: THOWAO	D. Olivio III, T.A.				
Current Principal Place of Business:			New P	New Principal Place of Business:		
	E ESCADA OSA BEACH, F	L 32459				
Current Mailing Address:			New M	New Mailing Address:		
	E ESCADA OSA BEACH, F	L 32459				
FEI Number	: 20-1281363	FEI Number Applied For()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name a	and Address	of New Registered Agent:	
50 UPTOV 15	NGLETON CPA VN GRAYTON DSA BEACH, F	ĊIRCLE				
	named entity see of Florida.	submits this statement for th	e purpose of changi	ng its register	red office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered	Agent		Date	
		3(2)(b), F.S., the corporation did Trust Fund Contribution ().	I not receive the prior r	notice.		
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SIMS, THOMÁS 555 CALLE ESC		Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address:	()	Delete	Title: Name: Address:	VP SIMS, SA 555 CALL	() Change (X) Addition RAH .E ESCADA	

City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: THOMAS SIMS P 05/29/2007