


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90029 014 \*\*\*150.00

<b>DOCUMENT # P04000095752</b>	
1. Entity Name <b>HADLEY &amp; LANDRIGAN, P.A.</b>	

Principal Place of Business <b>13575 - 58TH STREET NORTH SUITE 136 CLEARWATER, FL 33760</b>	Mailing Address <b>13575 - 58TH STREET NORTH SUITE 136 CLEARWATER, FL 33760</b>
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40000013



2. Principal Place of Business - No. P.O. Box # <b>4707 140th Ave North Suite 210</b>	3. Mailing Address <b>4707 140th Ave North Suite 210</b>
City & State <b>Clearwater FL</b>	City & State <b>Clearwater, FL</b>
Zip <b>33762</b>	Country <b>US</b>

01032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>LANDRIGAN, TODD P 13575 - 58TH STREET NORTH #136 CLEARWATER, FL 33760</b>	
7. Name and Address of New Registered Agent Name <b>Landrigan, Todd</b> Street Address (P.O. Box Number is Not Acceptable) <b>4707 140th Ave North, Suite 210</b> City <b>Clearwater</b> FL Zip Code <b>33762</b>	

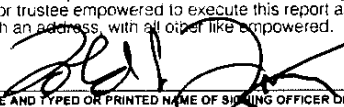
4. FEI Number <b>20-1289967</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. The above named entity 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 _____ <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>LANDRIGAN, TODD P</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS <b>4707 140TH AVE NORTH SUITE 210</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER, FL 33762</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>HADLEY, KENNETH L</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS <b>4707 140 AVE NORTH SUITE 210</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER, FL 33762</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Date <b>1/3/07</b> Daytime Phone <b>727-535-6600</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	