
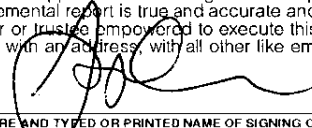


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90047 050 ***150.00

DOCUMENT # P04000116960 1. Entity Name LAW OFFICES OF JACK A. KALEITA, P.A.																																																																																																																																																											
Principal Place of Business 1220 DOUGLAS AVENUE SUITE 103B LONGWOOD FL 32779			Mailing Address 1220 DOUGLAS AVENUE SUITE 103B LONGWOOD FL 32779																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # 1220 DOUGLAS AVENUE		3. Mailing Address 1220 Douglas Avenue																																																																																																																																																									
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203																																																																																																																																																									
City & State Longwood, FL		City & State Longwood, FL																																																																																																																																																									
Zip 32779	Country USA	Zip 32779	Country USA																																																																																																																																																								
6. Name and Address of Current Registered Agent KALEITA, JACK A 1220 DOUGLAS AVENUE SUITE 103B LONGWOOD FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 203 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 re-registering)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  JACK A. KALEITA 1/18/07 (407)831-7800																																																																																																																																																											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											