

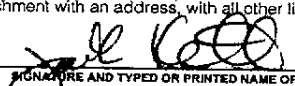
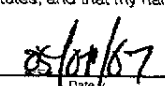


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000141029			FILED May 07, 2007 08:00 AM Secretary of State	
1. Entity Name KORTA & COMPANY FINANCIAL SERVICES, INC.				
Principal Place of Business 14502 N. DALE MABRY HWY. SUITE #200 TAMPA, FL 33618		Mailing Address 14502 N. DALE MABRY HWY. SUITE #200 TAMPA, FL 33618		 05042007 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent KORTA, JACK T 14502 N. DALE MABRY HWY. SUITE #200 TAMPA, FL 33618				
DO NOT WRITE IN THIS SPACE				
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 \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P KORTA, JACK T 14502 N. DALE MABRY HWY., SUITE #200 TAMPA, FL 33618			
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11. 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:   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				