## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000142033

Entity Name: KIMBERLEY E. PUTHOFF, CPA, INC.

FILED Jan 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

360 E 5TH STREET 360 E 5TH ST

CHULUOTA, FL 327668614 CHULUOTA, FL 327668614

Current Mailing Address: New Mailing Address:

360 E 5TH STREET 360 E 5TH ST

CHULUOTA, FL 327668614 CHULUOTA, FL 327668614

FEI Number: 20-1640357 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PUTHOFF, KIMBERLEY E CPA
360 E 5TH STREET
360 E 5TH ST

CHULUOTA, FL 327668614 US CHULUOTA, FL 327668614 US

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.

SIGNATURE: KIMBERLEY E PUTHOFF 01/31/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPVS () Delete

Name: PUTHOFF, KIMBERLEY E CPA Address: 360 E 5TH STREET

City-St-Zip: CHULUOTA, FL 327668614

Title: T ( ) Delete
Name: PUTHOFF, KIMBERLEY E CPA

Address: 360 E 5TH STREET

City-St-Zip: CHULUOTA, FL 327668614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change ( ) Addition

Name: PUTHOFF, KIMBERLEY E CPA

Address: 360 E 5TH ST

City-St-Zip: CHULUOTA, FL 327668614

Title: T (X) Change ( ) Addition Name: PUTHOFF, KIMBERLEY E CPA

Address: 360 E 5TH ST

City-St-Zip: CHULUOTA, FL 327668614

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLEY E PUTHOFF PRES 01/31/2007