

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153919

Entity Name: CHRISTINA LARSON, P.A.

FILED
Mar 15, 2007
Secretary of State

Current Principal Place of Business:

14220 SW 24TH ST.
DAVIE, FL 33325

New Principal Place of Business:

3453 CRYSTAL LANE
DAVIE, FL 33330

Current Mailing Address:

14220 SW 24TH ST.
DAVIE, FL 33325

New Mailing Address:

3453 CRYSTAL LANE
DAVIE, FL 33330

FEI Number: 32-0131644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, CHRISTINA
14220 SW 24TH ST.
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

LARSON, CHRISTINA
3453 CRYSTAL LANE
DAVIE, FL 33330 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:

03/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LARSON, CHRISTINA
Address: 14220 SW 24TH ST.
City-St-Zip: DAVIE, FL 33325

Title: VD () Delete
Name: LARSON, PHILIP
Address: 14220 SW 24TH ST.
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LARSON, CHRISTINA
Address: 3453 CRYSTAL LANE
City-St-Zip: DAVIE, FL 33330

Title: VD (X) Change () Addition
Name: LARSON, PHILIP
Address: 3453 CRYSTAL LANE
City-St-Zip: DAVIE, FL 33330

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: CHRISTINA LARSON

PD

03/15/2007

Electronic Signature of Signing Officer or Director

Date