

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 08:00 AM
Secretary of State

| | | | |
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| DOCUMENT # P05000001562 | |  | |
| 1. Entity Name SHEILA RAULERSON, P.A. | | | |
| Principal Place of Business 2614 44TH TERR SW NAPLES, FL 34116 | | Mailing Address 2614 44TH TERR SW NAPLES, FL 34116 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 02282007 No Chg-P CR2E034 (11/05) | |
| | | 4. FEI Number 20-2341309 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NAPLES-LAWDOCK INC 1395 PANTHER LANE SUITE 300 NAPLES, FL 34109 | | 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 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE U000000764290 05/30/07-80056-004 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST RAULERSON, SHEILA 2614 44TH TERR SW NAPLES, FL 34116 | | |
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| 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:  5/10/07 | | Date _____ Daytime Phone # _____ | |