

FROM

(TUE) APR 17 2

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**
**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90456 007 ***150.00

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04172007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000003112					
1. Entity Name RACHEL A. DORRIAN, P.A.					
Principal Place of Business 3527 BAY ISLAND CIRCLE JACKSONVILLE, FL 32250		Mailing Address 3527 BAY ISLAND CIRCLE JACKSONVILLE, FL 32250			
2. Principal Place of Business - No P.O. Box # 701 Valley Forge Rd N Suite, Apt. #, etc.		3. Mailing Address 701 Valley Forge Rd N Suite, Apt. #, etc.			
City & State Neptune Bch FL		City & State Neptune Bch FL			
Zip 32266	Country USA	Zip 32266	Country USA		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
DORRIAN, RACHEL A 3527 BAY ISLAND CIRCLE JACKSONVILLE, FL 32250		Name DORRIAN, Rachel A Street Address (P.O. Box Number is Not Acceptable) 701 Valley Forge Rd N City Neptune Bch FL Zip Code 32266			
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: <i>Rachel A. Dorian</i> Rachel A. Dorian 4/26/07 <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> <small>(NOTE: Registered Agent Signature required when re-registering.)</small> <small>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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST DORRIAN, RACHEL A 3527 BAY ISLAND CIRCLE JACKSONVILLE, FL 32250	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DORRIAN, Rachel A 701 Valley Forge Rd N Neptune Bch, FL 32266	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 807, 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: <i>Rachel A. Dorian</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/07 904 662-2003	