2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007338

Entity Name: EVERS LAW FIRM, PA

FILED Jan 12, 2008 Secretary of State

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

2603 EDMUND DR. 1451 WEST SHORES BLVD GULF BREEZE, FL 32563 US GULF BREEZE, FL 32563 US

Current Mailing Address: New Mailing Address:

2603 EDMUND DR. 1451 WEST SHORES BLVD GULF BREEZE, FL 32563 US GULF BREEZE, FL 32563 US

FEI Number: 20-2175721 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:

EVERS, KIM E EVERS, KIM E 2603 EDMUND DR. 1451 WEST SHORES BLVD

GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 US 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: 01/12/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

EVERS, KIM E EVERS, KIM E Name: Name: 2603 EDMUND DR. 1451 WEST SHORES BLVD Address: Address:

City-St-Zip: GULF BREEZE, FL 32563 US City-St-Zip: GULF BREEZE, FL 32563 US

VΡ Title: VΡ Title: () Delete (X) Change () Addition

KIM, KIM E Name: Name: EVERS. KIM E 2603 EDMUND DR. 1451 WEST SHORES BLVD Address: Address:

GULF BREEZE, FL 32563 US GULF BREEZE, FL 32563 US City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

EVERS, KIM E EVERS, KIM E Name: Name: 2603 EDMUND DR. 1451 WEST SHORES BLVD Address: Address:

City-St-Zip: GULF BREEZE, FL 32563 US City-St-Zip: GULF BREEZE, FL 32563 US

Title: () Delete Title: (X) Change () Addition

EVERS, KIM E EVERS, KIM E Name: Name:

Address: 2603 EDMUND DR. Address: 1451 WEST SHORES BLVD City-St-Zip: GULF BREEZE, FL 32563 US City-St-Zip: GULF BREEZE, FL 32563 US

I hereby certify that the information supplied with this filing does not qualify 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: KIM E. EVERS Ρ 01/12/2008