2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000011502

Entity Name: MIKE MASTRY, ATTORNEY & COUNSELOR, P.A.

FILED Feb 14, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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111 SECOND AVE NE 2101 5TH AV N

ST. PETERSBURG, FL 33713 US 208D

ST. PETERSBURG, FL 33701 US

New Mailing Address: Current Mailing Address:

111 SECOND AVE NE 2101 5TH AV N

208D ST. PETERSBURG, FL 33713 US

ST. PETERSBURG, FL 33701 US

FEI Number: 20-2203057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MASTRY, GARY M II MASTRY, GARY M II 111 SECÓND AVE NE 2101 5TH AV N

ST. PETERSBURG, FL 33713 US 208D

ST. PETERSBURG, FL 33701 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: 02/14/2007

> 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

MASTRY, GARY M II MASTRY, GARY M II Name: Name: 111 SECOND AVE NE, # 208D 2101 5TH AV N Address: Address:

City-St-Zip: ST. PETERSBURG, FL 33701 US City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: SEC Title: (X) Change () Addition () Delete SEC Name: MASTRY, GARY M II Name:

MASTRY, GARY M II Address:

111 SECOND AVE NE, # 208D Address: 2101 5TH AV N

ST. PETERSBURG, FL 33701 US ST. PETERSBURG, FL 33713 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: TR () Delete TR MASTRY, GARY M II Name: MASTRY, GARY M II Name:

111 SECOND AVE NE, # 208D 2101 5TH AV N Address: Address:

City-St-Zip: ST. PETERSBURG, FL 33701 US City-St-Zip: ST. PETERSBURG, FL 33713 US

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.

Ρ SIGNATURE: GARY M MASTRY II 02/14/2007