2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# P05000013408

Entity Name: A LEFCORT STUDIO, INC.

Current Principal Place of Business:

9156 RUTLEDGE AVE
BOCA RATON, FL 33434

New Principal Place of Business:

795 SAINT ALBANS DRIVE
BOCA RATON, FL 33486

Current Mailing Address:

9156 RUTLEDGE AVE
BOCA RATON, FL 33434

New Mailing Address:

795 SAINT ALBANS DRIVE
BOCA RATON, FL 33486

FEI Number: 65-1242993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFCORT, ALLISON
9156 RUTLEDGE AVE
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

LEFCORT, ALLISON
795 SAINT ALBANS DRIVE
BOCA RATON, FL 33486 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: _____ 01/18/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEFCORT, ALLISON
Address: 9156 RUTLEDGE AVE
City-St-Zip: BOCA RATON, FL 33434

Title: VD ( ) Delete
Name: LEFCORT, RONI
Address: 9156 RUTLEDGE AVE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEFCORT, ALLISON
Address: 795 SAINT ALBANS DRIVE
City-St-Zip: BOCA RATON, FL 33486

Title: VD (X) Change ( ) Addition
Name: LEFCORT, RONI
Address: 9026 TRADD ST
City-St-Zip: BOCA RATON, FL 33434

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: ALLISON LEFCORT PRES 01/18/2007
Electronic Signature of Signing Officer or Director — Date