2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P05000019240

Entity Name: DARLENE MARIE JOSEPH, P.A.

Current Principal Place of Business:

12644 MILLS RIDGE LANE
JACKSONVILLE, LF 32258

New Principal Place of Business:

12644 MILLS RIDGE LANE
JACKSONVILLE, FL 32258

Current Mailing Address:

12644 MILLS RIDGE LANE
JACKSONVILLE, LF 32258

New Mailing Address:

12644 MILLS RIDGE LANE
JACKSONVILLE, FL 32258

FEI Number: 51-0534739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

JOSEPH, DARLENE M PA
12644 MILLS RIDGE LANE
JACKSONVILLE, FL 32258 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: DARLENE MARIE JOSEPH, PA 04/25/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: JOSEPH, DARLENE M
Address: 12644 MILLS RIDGE LANE
City-St-Zip: JACKSONVILLE, LF 32258

Title: VPD ( ) Delete
Name: KELLY, ERICA
Address: 12644 MILLS RIDGE LANE
City-St-Zip: JACKSONVILLE, LF 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: JOSEPH, DARLENE M
Address: 12644 MILLS RIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: VPD (X) Change ( ) Addition
Name: GRAVES, ERICA
Address: 12644 MILLS RIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32258

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: DARLENE MARIE JOSEPH, PA PSTD 04/25/2007
Electronic Signature of Signing Officer or Director Date