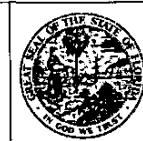


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000020267

1. Entity Name
JUSTICE FOR ALL - TRIAL LAWYERS, P.A.



Principal Place of Business

750 SE 3RD AVENUE
200
FORT LAUDERDALE, FL 33316 US

Mailing Address

750 SE 3RD AVENUE
200
FORT LAUDERDALE, FL 33316 US

2. Principal Place of Business - No P.O. Box #

700 SE 3 Ave
Suite 300

3. Mailing Address

700 SE 3 Ave
Suite 300

Suite, Apt. #, etc.

FT Lauderdale FL

Suite, Apt. #, etc.

FT Lauderdale FL

City & State

Zip

33316

Country

USA

Zip

33316

Country

USA

6. Name and Address of Current Registered Agent

KELLEY, ROBERT W
15 GATEHOUSE ROAD
SEA RANCH LAKES, FL 33308

7. Name and Address of New Registered Agent

Name Robert W. Kelley

Street Address (P.O. Box Number is not acceptable)

700 SE 3 Ave
Suite 300

City Ft Lauderdale FL Zip 33316

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when re-inlisting)

DATE

4/16/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME KELLEY, ROBERT W
STREET ADDRESS 15 GATEHOUSE ROAD
CITY-ST-ZIP SEA RANCH LAKES, FL 33308

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
700 SE 3 Ave, Suite 300
Ft Lauderdale FL 33316

TITLE VP
NAME UUSTAL, JOHN J
STREET ADDRESS 1304 SE 11 CT
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

Delete

Change Addition
700 SE 3 Ave, Suite 300
Ft Lauderdale FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 607, 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

4/16/07 954-522-6601

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #