


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90063 034 ***150.00

DOCUMENT # P05000020894 1. Entity Name PATRICK J. MCGRODER, P.A.																															
Principal Place of Business 195 INTERNATIONAL PKWY STE 101 HEATHROW, FL 32746 US		Mailing Address 195 INTERNATIONAL PKWY STE 101 HEATHROW, FL 32746 US																													
2. Principal Place of Business - No P.O. Box # <i>1210 S. International Pkwy</i> Suite, Apt. #, etc. <i>Suite 170</i> City & State <i>Lake Mary, FL</i> Zip <i>32746</i>		3. Mailing Address <i>1210 S. International Pkwy</i> Suite, Apt. #, etc. <i>Suite 170</i> City & State <i>Lake Mary, FL</i> Zip <i>32746</i>																													
4. FEI Number 20-2487921		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent MGRÖDER, PATRICK J 195 INTERNATIONAL PKWY SUITE 101 HEATHROW, FL 32746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when registering)</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME MCGRODER, PATRICK J STREET ADDRESS 4019 BERMUDA GROVE PLACE CITY ST ZIP LONGWOOD, FL 32779 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE D NAME MCGRODER, PATRICK J STREET ADDRESS 4019 BERMUDA GROVE PLACE CITY ST ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY ST ZIP <i>1455 Travertine Terrace</i> <i>Sanford FL 32771</i> </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY ST ZIP <i>1455 Travertine Terrace</i> <i>Sanford FL 32771</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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.																															
SIGNATURE: <i>Patrick J. McGroder</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>1-3-20-07</i> <i>407-920-4079</i> <small>Date Business Phone #</small>																													