


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

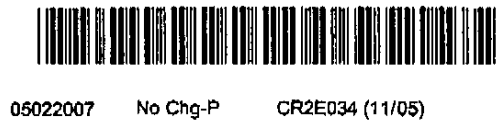
**FILED**  
**May 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000033775  
 1. Entity Name  
 CAROLYN ZALUSKI, P.A.



Principal Place of Business      Mailing Address  
 6091 UNITED STREET      6091 UNITED STREET  
 ROYAL PALM BEACH, FL 33411 US      ROYAL PALM BEACH, FL 33411 US

**DO NOT WRITE IN THIS SPACE**



05022007    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-2540273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ZALUSKI, CAROLYN  
 6091 UNITED STREET  
 ROYAL PALM BEACH, FL 33411

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

U00000763481  
 05/09/07 06:23 DATE    002 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZALUSKI, CAROLYN
STREET ADDRESS	6091 UNITED STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5107    5612513016  
 Date    Daytime Phone #