2007 FOR PROFIT CORPORATION

FILED Mar 05, 2007 08:00 A **ANNUAL REPORT Secretary of State DOCUMENT # P05000039937** THE LAW OFFICES OF JOEL L. GROSS, P.A. Principal Place of Business Mailing Address 655 WEST HIGHWAY 50 655 WEST HIGHWAY 50 **SUITE 101** SUITE 101 CLERMONT, FL 34711 CLERMONT, FL 34711 No Chg-P 02282007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2433004 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GROSS, JOEL L DO NOT WRITE 14100 COOSA CT CLERMONT, FL 34711 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, typed or printed name of registered agent and little if applicable (NOTE: Recistered Agent signature required when reinstation) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. U00000657014 After May 1, 2007 Fee will be \$550.00 Added to Fees 03/14/07-80048-012 150. 10. OFFICERS AND DIRECTORS TITLE NAME GROSS, JOEL L STREET ADDRESS 14100 COOSA CT CLERMONT, FL 34711 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 epidress, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

357 536 6288