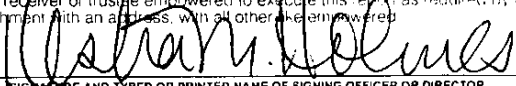


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 13 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000053552 1. Entity Name HOLMES & ASSOCIATES, P. A.					
Principal Place of Business 4302 HOLLYWOOD BLVD. #336 HOLLYWOOD, FL 33021			Mailing Address 4302 HOLLYWOOD BLVD. #336 HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 42-1664793 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				09102007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HOLMES, KESHA M 4302 HOLLYWOOD BLVD. #336 HOLLYWOOD, FL 33021			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HOLMES, KESHA M 4302 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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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. This report shall be signed by the officer or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and shall be accompanied by a fee of \$150.00. If the information is changed, or on an attachment with an address, with all other information.			100109596571 09/18/07--01070--018 **\$150.00		
SIGNATURE: 			Date _____ Daytime Phone _____		

9/13 aw