


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90160 017 ***150.00

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| DOCUMENT # P05000055399 1. Entity Name MICHELLE SADOWNICK, PA |  |
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| Principal Place of Business 1198 S.W. 13 AVE BOCA RATON, FL 33486 | Mailing Address 1198 S.W. 13 AVE BOCA RATON, FL 33486 |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 106F | 3. Mailing Address Suite, Apt. #, etc. 106F |
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| City & State Delray Beach FL | City & State Delray Beach FL |
| Zip 33444 | Country Palm Beach |

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| 6. Name and Address of Current Registered Agent SADOWNICK, MICHELLE 580 JEFFERSON DR 111 WEST PALM BEACH, FL 33412 | 7. Name and Address of New Registered Agent Name (Same) Street Address (P.O. Box Number is Not Acceptable) 106 F SOUTH LONGPORT CIR City DELRAY BEACH FL Zip Code 33444 |
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| 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 <i>Michelle Sadownick</i> Signature, typed or printed name of registered agent and title if applicable | Michelle Sadownick (NOTE: Registered Agent signature required when reinstating) | 4/14/07 DATE |
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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SADOWNICK, MICHELLE 580 JEFFERSON DR 111 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michelle Sadownick 106 F South Longport Circle Delray Beach FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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. |
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| SIGNATURE: <i>Michelle Sadownick</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 3-9-07 Date | 561-633-1020 Daytime Phone # |
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