2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 16, 2007 8:00 am Secretary of State **DOCUMENT # P05000082962** 01-16-2007 90198 046 ***150.00 1. Entity Name MONTE DAVIS, PA Principal Place of Business Mailing Address PHUNTARA 5253 88TH ST E 5253 88TH ST E BRADENTON, FL 34211-3415 US BRADENTON, FL 34211-3415 US 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. 01052007 Cha-P CR2E034 (12/06) City & State 4 FEI Number Applied For 20-2991906 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, WILLIAM C **5253 88TH STREET E** Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34211 Zip Code 6. 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition TITLE DAVIS, WILLIAM C NAME NAME **5253 88TH STREET E** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34211 CITY-ST-ZIP ☐ Detete ☐ Change TITLE TITLE ☐ Addition DAVIS, ALICE M NAME **5253 88TH STREET E** STREET ADORESS STREET ADDRESS BRADENTON, FL 34211 CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachment with an address.

FILED