2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2007 8:00 am **Secretary of State** DOCUMENT # P05000094663 1. Entity Name 02-28-2007 90015 016 ***150.00 CHRISTINA L. SANDVOSS, P.A. Principal Place of Business Mailing Address 13575 58TH STREET NORTH 13575 58TH STREET NORTH **SUITE 145** SUITE 145 **CLEARWATER FL 33760** CLEARWATER FL 33760 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8206 3275 66+7 ST N 3275 66+ ST N Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) SUITE S SUITE 5 City & State 4. FEI Number City & State Applied For **NO-T APPLICABLE** ST. PETGRSBURG, FU ST. PETERSBURG Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3.3-J10 33710 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDVOSS, CHRISTINA L. Street Address (P.O. Box Number is Not Acceptable) 13575 58TH STREET NORTH SUITE 145 CLEARWATER FL 33716 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Ctrange Delete SONDYUSS, CHRISTIND 1 SANDVOSS, CHRISTINA L. NAME NAME 3275 66+4 STN STE 5 13575 58TH STREET NORTH SUITE 145 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33760 CITY-ST-ZIP CITY ST-ZIP ST PETEL SBULL, FL 33710 ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP DINE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-CT-ZIP City-81-710-TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP IIIŒ ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE Change IIILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED