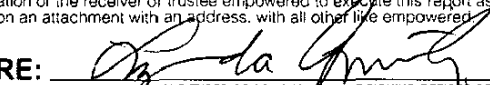


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90069 001 \*\*\*150.00

<b>DOCUMENT # P05000102501</b> 1. Entity Name <b>LYNDA GURVITZ, PH.D., INC.</b>			
Principal Place of Business <b>11281 ULMERTON ROAD. LARGO, FL 33778 US</b>		Mailing Address <b>11281 ULMERTON ROAD. LARGO, FL 33778 US</b>	
2. Principal Place of Business - No P.O. Box # <b>801 W-Bay Dr.</b> Suite, Apt. #, etc. <b>607</b>		3. Mailing Address <b>801 W-Bay Dr.</b> Suite, Apt. #, etc. <b>607</b>	
City & State <b>Largo, FL</b>		City & State <b>Largo, FL</b>	
Zip <b>33770</b>		Country <b>USA</b>	
4. FEI Number <b>20-3181158</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GURVITZ, LYNDA PH.D. 11281 ULMERTON ROAD LARGO, FL 33778</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>801 W-Bay Dr- Ste 670</b> City <b>Largo</b> State <b>FL</b> Zip Code <b>33770</b>	
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:  <b>Lynda Gurvitz, Ph.D.</b> 4/30/07 <small>Signature of registered agent and typed or printed name of registered agent and title if applicable. (None Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>GURVITZ, LYNDA PH.D.</b>	TITLE 	NAME 
STREET ADDRESS <b>11281 ULMERTON ROAD</b>	CITY-ST-ZIP <b>LARGO, FL 33778</b>	STREET ADDRESS 	CITY-ST-ZIP 
<b>801 W-Bay Dr. #607</b>			
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 life empowered.			
SIGNATURE:  <b>LYNDA GURVITZ, PH.D.</b>		Date <b>4/30/07</b> (727) 365-1360	