


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90130 029 ***150.00

DOCUMENT # P05000104989	
1. Entity Name NICOLE ARFARAS KERR, P.A.	

Principal Place of Business 9127 CREEDMOOR LN NEW PORT RICHEY, FL 34654	Mailing Address 1324 SEVEN SPRINGS BLVD #129 NEW PORT RICHEY, FL 34655
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 9129 Creedmoor Lane	Suite, Apt. #, etc.
City & State New Port Richey, FL	City & State
Zip 34654	Country USA

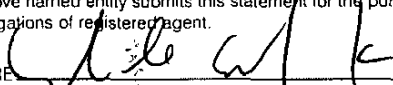


01072008 Chg-P CR2E034 (12/06)

4. FEI Number 42-1675936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KERR NICOLE YARR, NICOLE A 9129 CREEDMOOR LN NEW PORT RICHEY, FL 34654	7. Name and Address of New Registered Agent Name Kerr, Nicole A. Street Address (P.O. Box Number is Not Acceptable) 9129 Creedmoor Ln. City New Port Richey FL Zip Code 34654
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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  Nicole Arfaras Kerr DATE 4/30/08

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 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERR, NICOLE A 1324 SEVEN SPRINGS BLVD, #129 NEW PORT RICHEY, FL 34655 <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.

SIGNATURE  Nicole Arfaras Kerr DATE 4/30/08 727-505-6714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR