


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90048 017 \*\*\*150.00

<b>DOCUMENT # P05000121716</b> 1. Entity Name <b>ZOE TRIFILIO PFAFFMAN, P.A.</b>																																													
Principal Place of Business <b>105 1/2 WOODLAND DRIVE</b> <b>PONTE VEDRA BEACH, FL 32082</b>		Mailing Address <b>105 1/2 WOODLAND DRIVE</b> <b>PONTE VEDRA BEACH, FL 32082</b>																																											
2. Principal Place of Business - No P.O. Box # <b>3052 South Third Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>2221 Walker Glenn Lane</b> Suite, Apt. #, etc.																																											
City & State <b>Jacksonville Beach, FL</b> Zip <b>32250</b>		City & State <b>Jacksonville, FL</b> Zip <b>32246</b>																																											
Country <b>USA</b>		Country <b>USA</b>																																											
4. FEI Number <b>56-2530302</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>PFAFFMAN, ZOE T</b> <b>105 1/2 WOODLAND DRIVE</b> <b>PONTE VEDRA BEACH, FL 32082</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2221 Walker Glenn Lane</b> City <b>Jacksonville</b>																																											
State <b>FL</b>		Zip Code <b>32246</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																																													
<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 type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width:50%; padding: 2px;">           DPST- PFAFFMAN, ZOE TRIFILIO 105 1/2 WOODLAND DRIVE PONTE VEDRA BEACH, FL 32082         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST- PFAFFMAN, ZOE TRIFILIO 105 1/2 WOODLAND DRIVE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width:50%; padding: 2px;">           2221 Walker Glenn Lane Jacksonville, FL 32246         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2221 Walker Glenn Lane Jacksonville, FL 32246	<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: <u>Zoe T. Pfaffman</u> <u>4/14/07</u> <u>904-241-2533</u> <small>SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																													

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