FILED
May 23, 2007 8:00 am
Secretary of State
04-18-2007 90191 020 ***150.00

4/1

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000136426

1. Entity Name
ALLAN KARDUSH, P.A.

Principal Place of Business	Mailing Address
~~6131 METRO WEST BLVD~~ 109 ~~ORLANDO, FL 32835~~	~~6131 METRO WEST BLVD~~ ~~109~~ ~~ORLANDO FL 32835~~
2. Principal Place of Business - No P.O. Box # 3230 Villa Strada Way	3. Mailing Address 3230 Villa Strada Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip 32835 Country US	Zip 32835 Country US

04042007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3598731 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARDUSH, ALLAN
~~6131 METROWEST BLVD UNIT~~ 109
~~ORLANDO, FL 32835~~

7. Name and Address of New Registered Agent

Name Allan Kardush
Street Address (P.O. Box Number is Not Acceptable) 3230 Villa Strada Way
City Orlando FL Zip Code 32835

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST KARDUSH, ALLAN 6131 METRO WEST BLVD UNIT 109 ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T Allan Kardush 3230 Villa Strada Way Orlando, Florida 32835	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] 4/4/07 407-832-2814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #