

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90089 039 \*\*\*150.00

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**DOCUMENT # P05000143602**

1. Entity Name  
 JOSEPH A. PFAFF, CPA, P.A.




Principal Place of Business      Mailing Address  
 1042 WHISPERING COVE      1042 WHISPERING COVE  
 CASSELBERRY, FL 32707 US      CASSELBERRY, FL 32707 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01162007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 59-3822992      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent                  |  | 7. Name and Address of New Registered Agent        |                  |
|--|--|--|------------------|
| PFAFF, JOSEPH A<br>1042 WHISPERING COVE<br>CASSELBERRY, FL 32707 |  | Name   |                  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |                  |
|  |  | City   | FL      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 \_\_\_\_\_ (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                      | P                     | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | PFAFF, JOSEPH A       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             | 1042 WHISPERING COVE  |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                | CASSELBERRY, FL 32707 |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 |  | NAME  |  |                                 |                                   |
| STREET ADDRESS             |                       |                                 |  | STREET ADDRESS  |  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 |  | CITY-ST-ZIP   |  |                                 |                                   |

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:**       01/17/07      407-699-8504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #