
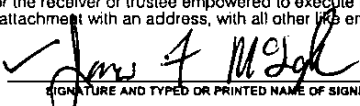


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90856 047 \*\*\*150.00

<b>DOCUMENT # P05000145425</b> 1. Entity Name <b>JAMES MCLAUGHLIN PA</b>					
Principal Place of Business <b>452 MAYWOOD WAY THE VILLAGES, FL 32162</b>			Mailing Address <b>452 MAYWOOD WAY THE VILLAGES, FL 32162</b>		
2. Principal Place of Business - No P.O. Box # <b>1066 Golden Grove Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>1066 Golden Grove Dr</b> Suite, Apt. #, etc.			
City & State <b>The Villages, FL</b> Zip <b>32162-4025</b>		City & State <b>The Villages, FL</b> Zip <b>32162-4025</b>		4. FEI Number <b>20-3697558</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCLAUGHLIN, JAMES 452 MAYWOOD WAY THE VILLAGES, FL 32162</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1066 Golden Grove Dr</b> City <b>The Villages</b> <b>FL</b> Zip Code <b>32162-4025</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 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MCLAUGHLIN, JAMES</b> <b>452 MAYWOOD WAY</b> <b>THE VILLAGES, FL 32162</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1066 Golden Grove Dr</b> <b>The Villages, FL 32162-4025</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.					
<b>SIGNATURE:</b>  <b>James F. McLaughlin</b> <b>4/26/07</b> <b>352 551-8117</b>					