2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# P05000167169

Entity Name: WORMAN & SHEFFLER, P.A.

Current Principal Place of Business:

1030 NORTH ORANGE AVE STE 102
ORLANDO, FL 32801

New Principal Place of Business:

2707 W. FAIRBANKS AVENUE
SUITE 200
WINTER PARK, FL 32789

Current Mailing Address:

PO BOX 1764
ORLANDO, FL 328021764

New Mailing Address:

2707 W. FAIRBANKS AVENUE
SUITE 200
WINTER PARK, FL 32789

FEI Number: 20-4028356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: WORMAN, ROBERT B
Address: 1030 NORTH ORANGE AVE STE 102
City-St-Zip: ORLANDO, FL 32801

Title: VS ( ) Delete
Name: SHEFFLER, SCOTT S
Address: 1030 NORTH ORANGE AVE STE 102
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: WORMAN, ROBERT B
Address: 2707 W. FAIRBANKS AVE., SUITE 200
City-St-Zip: WINTER PARK,, FL 32789

Title: VS (X) Change ( ) Addition
Name: SHEFFLER, SCOTT S
Address: 2707 W. FAIRBANKS AVE., SUITE 200
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. WORMAN DPT 01/24/2008

Electronic Signature of Signing Officer or Director — Date