2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# P06000010962

Entity Name: JULIE W. ALLISON, P.A.

Current Principal Place of Business:

1930 N.E. 193 RD STREET
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

4400 BISCAYNE BOULEVARD
SUITE 900
MIAMI, FL 33137 US

Current Mailing Address:

1930 N.E. 193 RD STREET
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

4400 BISCAYNE BOULEVARD
SUITE 900
MIAMI, FL 33137 US

FEI Number: 42-1691708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLISON, JULIE W ESQUIRE
1930 N.E. 193RD STREET
NORTH MIAMI BEACH, FL 33179 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: P ( ) Delete
Name: ALLISON, JULIE W ESQUIRE
Address: 1930 N.E. 193 RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: VP ( ) Delete
Name: ALLISON, JULIE W ESQUIRE
Address: 1930 N.E. 193RD STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLISON, JULIE W ESQUIRE
Address: 4400 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137 US

Title: VP (X) Change ( ) Addition
Name: ALLISON, JULIE W ESQUIRE
Address: 4400 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIE W. ALLISON P 03/27/2007

Electronic Signature of Signing Officer or Director Date