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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000019132

1. Entity Name
CAROL E. ROBERTS, P.A.

04232007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2240 CROSS TEE COURT BROOKSVILLE, FL 34604	2240 CROSS TEE COURT BROOKSVILLE, FL 34604

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO BOX 10611
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State BROOKSVILLE, FL
Zip / Country	Zip 34613 / Country

4. FEI Number 20-4321560 ☐ Applied For ☐ 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
KLIMIS, GEORGE N 27 EAST ORANGE STREET TARPON SPRINGS, FL 34689	Name CAROL E. ROBERTS Street Address (P.O. Box Number Is Not Acceptable) 2240 Cross Tee Court City Brooksville FL Zip Code 34604

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 Carol E. Roberts, P.A. (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) X 4/27/07 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	D	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	ROBERTS, CAROL E		NAME	Roberts, Carol E	
STREET ADDRESS	~~P.O. BOX 10611~~		STREET ADDRESS	2240 Cross Tee Court	
CITY-ST-ZIP	~~BROOKSVILLE, FL 34603~~		CITY-ST-ZIP	Brooksville, FL 34604	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 Carol Roberts ~~CAROL~~ ROBERTS X 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carol E. Roberts 5/25/07 JC 6/7

As per telephone conversation