

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90045 042 \*\*\*150.00

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( P06000022878P )

02132007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000022878</b> 1. Entity Name DOMINIC P. D'AMATO, P.A.					
Principal Place of Business 8222 SANDPOINT BLVD ORLANDO, FL 32819			Mailing Address 8222 SANDPOINT BLVD ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # <u>145 BRASSINGTON DR.</u>		3. Mailing Address <u>145 BRASSINGTON DR.</u>		4. FEI Number <u>20-4348443</u>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <u>DEBARY, FL.</u>		City & State <u>DEBARY FL.</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <u>32713</u>		Zip <u>32713</u>			
Country <u>USA</u>		Country <u>USA</u>		6. Name and Address of Current Registered Agent D'AMATO, DOMINIC P 8222 SAND POINT BLVD ORLANDO, FL 32819	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <u>FL</u> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST D'AMATO, DOMINIC P 8222 SAND POINT BLVD ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST D'AMATO, DOMINIC P. 145 BRASSINGTON DR. DEBARY, FL. 32713	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 like empowered.					
SIGNATURE: <u>Dominic P. D'Amato</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/12/07</u> <u>407-247-9689</u> <small>Date Daytime Phone #</small>		