

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90045 004 \*\*\*158.75

<b>DOCUMENT # P06000044897</b>					
<b>1. Entity Name</b> REBECCA S. NILSEN, P.A.					
<b>Principal Place of Business</b> 10855 AVENIDA SANTA ANA BOCA RATON, FL 33498			<b>Mailing Address</b> 10855 AVENIDA SANTA ANA BOCA RATON, FL 33498		
<b>2. Principal Place of Business</b> <i>10856 Avenida Santa Ana</i> Suite, Apt. #, etc. <i>Boca Raton, FL</i> City & State			<b>3. Mailing Address</b> <i>10856 Avenida Santa Ana</i> Suite, Apt. #, etc. <i>Boca Raton, FL</i> City & State		
Zip <i>33498</i> Country		Zip <i>33498</i> Country		01042007 Chg-P CR2E034 (12/06)	
<b>4. FEI Number</b> <i>05-1269583</i>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NILSEN, REBECCA S 10855 AVENIDA SANTA ANA BOCA RATON, FL 33498			<b>7. Name and Address of New Registered Agent</b> Name <i>No new Registered Agent</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code		
<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.</b> SIGNATURE <i>Rebecca S. Nilsen</i> DATE <i>3/26/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> 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	PVTD NILSEN, REBECCA S 10855 AVENIDA SANTA ANA BOCA RATON, FL 33498		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Rebecca S. Nilsen</i> <i>Rebecca S. Nilsen</i> <i>3/26/07</i> <i>(561)414-4470</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					