


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 041 ***150.00

DOCUMENT # P06000050062	
1. Entity Name LAW OFFICES OF ELLEN M. KAPLAN, P.A.	

Principal Place of Business 9900 W. SAMPLE ROAD THIRD FLOOR CORAL SPRINGS, FL 33065	Mailing Address 9900 W. SAMPLE ROAD THIRD FLOOR CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box # 1375 Gateway Blvd	3. Mailing Address 1375 Gateway Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Baynton Beach, FL	City & State Baynton Beach, FL
Zip 33426	Zip 33426
Country Palm Beach	Country Palm Beach


03052008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4768309	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERKOWITZ, IAN M ESQ. 2385 EXECUTIVE CENTER DRIVE SUITE 190 BOCA RATON, FL 33431
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 NW Corporate Blvd Suite 300 City BOCA RATON FL Zip Code 33431

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  DATE 3/7/08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete KAPLAN, ELLEN M 9900 WEST SAMPLE ROAD, THIRD FLOOR CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1375 Gateway Blvd <input type="checkbox"/> Delete Baynton Beach, Florida 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KAPLAN, Ellen M. 1375 Gateway Blvd Baynton Beach FL 33426
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"/> Change <input type="checkbox"/> Addition
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"/> 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: 	3/5/08 561-740-1779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #