

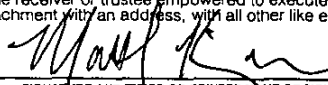


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2007 90202 013 \*\*\*150.00

<b>DOCUMENT # P06000056465</b>					
<b>1. Entity Name</b> MATTHEW KIRKLAND, P.A.					
<b>Principal Place of Business</b> 1756 NORTH BAY SHORE DRIVE SUITE 32G MIAMI, FL 33132			<b>Mailing Address</b> 1756 NORTH BAY SHORE DRIVE SUITE 32G MIAMI, FL 33132		
<b>2. Principal Place of Business - No P.O. Box #</b> 306 ALCAZAR AVENUE Suite, Apt. #, etc. 2nd FLOOR		<b>3. Mailing Address</b> 306 ALCAZAR AVENUE Suite, Apt. #, etc. 2nd FLOOR			
<b>City &amp; State</b> CORAL GABLES, FLORIDA		<b>City &amp; State</b> CORAL GABLES FLORIDA		04162007    Chg-P    CR2E034 (12/06)	
<b>Zip</b> 33134		<b>Country</b> U.S.A.		<b>4. FEI Number</b> 20-4685888	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> KIRKLAND, MATTHEW G 1756 NORTH BAYSHORE DRIVE SUITE 32G MIAMI, FL 33132					
<b>7. Name and Address of New Registered Agent</b>					
Name _____					
Street Address (P.O. Box Number is Not Acceptable) _____					
City _____ <b>FL</b> 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 _____ (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>		<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>		
<b>TITLE</b> PST	<b>NAME</b> KIRKLAND, MATTHEW G		<b>TITLE</b> XXX Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 1756 NORTH BAYSHORE DRIVE, SUITE 32G	<b>CITY-ST-ZIP</b> MIAMI, FL 33132		<b>STREET ADDRESS</b> 306 ALCAZAR AVENUE 2nd FLOOR		
<b>CITY-ST-ZIP</b> MIAMI, FL 33132			<b>CITY-ST-ZIP</b> CORAL GABLES FLORIDA 33134		
<b>TITLE</b> _____	<b>NAME</b> _____		<b>TITLE</b> _____ Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<b>CITY-ST-ZIP</b> _____		
<b>TITLE</b> _____	<b>NAME</b> _____		<b>TITLE</b> _____ Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<b>CITY-ST-ZIP</b> _____		
<b>TITLE</b> _____	<b>NAME</b> _____		<b>TITLE</b> _____ Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<b>CITY-ST-ZIP</b> _____		
<b>TITLE</b> _____	<b>NAME</b> _____		<b>TITLE</b> _____ Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> _____	<b>CITY-ST-ZIP</b> _____		<b>STREET ADDRESS</b> _____		
<b>CITY-ST-ZIP</b> _____			<b>CITY-ST-ZIP</b> _____		
<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> 		<b>MATTHEW G. KIRKLAND</b>		<b>4/16/07 (305) 567-0500</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	