
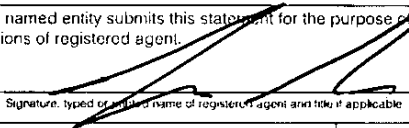


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90835 048 \*\*\*150.00

<b>DOCUMENT # P06000065337</b> 1. Entity Name <b>THE LAW OFFICES OF JAMIE ALAN SASSON, P.A.</b>																																																					
Principal Place of Business <b>248 CONGRESS AVENUE BOYNTON BEACH, FL 33426</b>			Mailing Address <b>7816 SONOMA SPRINGS CIRCLE APT. 208 LAKE WORTH, FL 33463</b>																																																		
2. Principal Place of Business - No P.O. Box # <b>3700 Coconut Creek Pkwy</b> Suite, Apt. #, etc. <b>Suite 160</b> City & State <b>Coconut Creek, FL</b> Zip <b>33066</b>		3. Mailing Address <b>3700 Coconut Creek Pkwy</b> Suite, Apt. #, etc. <b>160</b> City & State <b>Coconut Creek, FL</b> Zip <b>33066</b>		04262007 Chg-P CR2E034 (12/06) 4. FEI Number <b>20-4844942</b> Applied For Not Applicable																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>SASSON, JAMIE A 7816 SONOMA SPRINGS CIRCLE APTARTMENT 208 LAKE WORTH, FL 33463</b>																																																			
7. Name and Address of New Registered Agent Name <b>Sasson, Jamie A</b> Street Address (P.O. Box Number is Not Acceptable) <b>3700 Coconut Creek Pkwy</b> <b>Suite 160</b> City <b>Coconut Creek</b> FL Zip Code <b>33066</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. SIGNATURE  DATE <b>4-26-07</b> <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>																																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>P SASSON, JAMIE A 7816 SONOMA SPRINGS CIRCLE LAKE WORTH, FL 33463</b> </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SASSON, JAMIE A 7816 SONOMA SPRINGS CIRCLE LAKE WORTH, FL 33463</b>	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>Pres P Sasson, Jamie A 3700 Coconut Creek Pkwy Suite 160 Coconut Creek, FL 33066</b> </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres P Sasson, Jamie A 3700 Coconut Creek Pkwy Suite 160 Coconut Creek, FL 33066</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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:  <b>Jamie A. Sasson</b> DATE <b>4-26-07</b> DAYTIME PHONE # <b>561-715-1525</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																					

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