

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90033 031 ***150.00

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| DOCUMENT # P06000066679 | | | |  | |
| 1. Entity Name KIM M ADAMS, P.A. | | | | | |
| Principal Place of Business 1778 PARK AVENUE NORTH SUITE 111 MAITLAND, FL 32751 | | | Mailing Address 1778 PARK AVENUE NORTH SUITE 111 MAITLAND, FL 32751 | | |
| 2. Principal Place of Business - No P.O. Box # 390 N. Orange Ave Suite, Apt. #, etc. Suite 2300 City & State Orlando FL 32801 Zip 32801 Country USA | | 3. Mailing Address 390 N. Orange Ave Suite, Apt. #, etc. Suite 2300 City & State Orlando FL Zip 32801 Country USA | |  | |
| 4. FEI Number 56-2591477 | | 07102007 Chg-P CR2E034 (12/06) | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: <u>Kim Adams</u> DATE: <u>8-1-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE: D <input type="checkbox"/> Delete NAME: ADAMS, KIM M STREET ADDRESS: 1778 PARK AVENUE NORTH SUITE 111 CITY-ST-ZIP: MAITLAND, FL 32751 | | | TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Adams, Kim M STREET ADDRESS: 390 N Orange Ave Ste 2300 CITY-ST-ZIP: Orlando FL 32801 | | |
| TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: | | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: | | |
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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: <u>Kim Adams</u> <u>Kim Adams</u> <u>8-1-07</u> <u>(407) 956-1060</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |