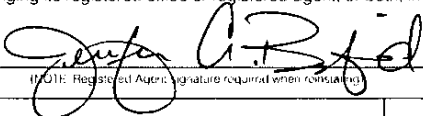
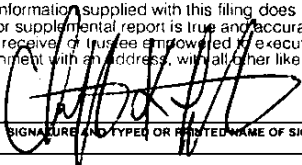


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90056 013 ***150.00

DOCUMENT # P06000093921 1. Entity Name BONIFIELD, FRIEDMAN & LEIFER, P.A.			
Principal Place of Business 3502 HENDERSON BLVD. SUITE 200 TAMPA, FL 33609 US		Mailing Address P. O. BOX 799 TAMPA, FL 33601	
2. Principal Place of Business - No P.O. Box # 3502 Henderson Blvd Suite 203 Tampa, FL 33609 US		3. Mailing Address Same as above	
6. Name and Address of Current Registered Agent Jennifer A. Bonifield 3502 Henderson Blvd Suite 200 Tampa, FL 33609 US		7. Name and Address of New Registered Agent Jennifer A. Bonifield 3502 Henderson Blvd Suite 203 Tampa, FL 33609 US	
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: Jennifer A. Bonifield  1/30/08 <small>Signature, typed or printed name of registered agent and title if applicable (If OFF: Registered Agent signature required when constituting)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEIFER, CHRISTOPHER K 3502 HENDERSON BLVD., SUITE 200 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jennifer A. Bonifield 3502 Henderson Blvd, Suite 203 Tampa, FL 33609 US <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BONIFIELD, JENNIFER A 3502 HENDERSON BLVD., SUITE 200 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Philip A. Friedman 3502 Henderson Blvd, Suite 203 Tampa, FL 33609 US <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FRIEDMAN, PHILIP A 3502 HENDERSON BLVD., SUITE 200 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Christopher K. Leifer 3502 Henderson Blvd, Suite 203 Tampa, FL 33609 US <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		1/30/08 (813)221-9500 <small>Date Daytime Phone *</small>	