2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P06000111821

Entity Name: TICKET COVERAGE, P.A.

Current Principal Place of Business:

1080 93RD STREET
SUITE 9
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

9800 W. BAY HARBOR DRIVE
SUITE 607
BAY HARBOR ISLANDS, FL 33154

Current Mailing Address:

P.O. BOX 54-7266
SURFSIDE, FL 33154

New Mailing Address:

P.O. BOX 547266
SURFSIDE, FL 33154

FEI Number: 20-5449284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTHEW, BUCHWALD ESQ.
1080 93RD STREET
SUITE 9
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

BUCHWALD, MATTHEW ESQ.
9800 W. BAY HARBOR DRIVE
SUITE 607
BAY HARBOR ISLANDS, FL 33154 US

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.

SIGNATURE: MATTHEW BUCHWALD, ESQ. 04/18/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, T ( ) Delete
Name: BUCHWALD, MATTHEW ESQ.
Address: P.O. BOX 54-7266
City-St-Zip: SURFSIDE, FL 33154

Title: S ( ) Delete
Name: MANN, DANIELLE ESQ.
Address: P.O. BOX 54-7266
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: BUCHWALD, MATTHEW ESQ.
Address: P.O. BOX 547266
City-St-Zip: SURFSIDE, FL 33154

Title: VP (X) Change ( ) Addition
Name: MANN, DANIELLE ESQ.
Address: P.O. BOX 547266
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW BUCHALD, ESQ. P 04/18/2007
Electronic Signature of Signing Officer or Director Date