
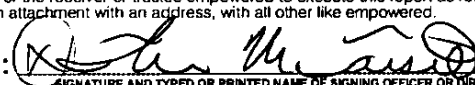


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90033 048 \*\*\*150.00

<b>DOCUMENT # P06000123295</b> 1. Entity Name THOMAS M. TARSIA, P.A.																											
Principal Place of Business 480 SAWGRASS CORPORATE PARKWAY SUITE 110 SUNRISE, FL 33325		Mailing Address 480 SAWGRASS CORPORATE PARKWAY SUITE 110 SUNRISE, FL 33325																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1609 SW 22nd Terrace Suite, Apt. #, etc.																									
City & State Zip		City & State Cape Coral, FL Zip 33991																									
Country		Country USA																									
		03242008    Chg-P    CR2E034 (12/06)																									
4. FEI Number 20-5613097		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  TARSIA, THOMAS M 480 SAWGRASS CORPORATE PKWY STE. 110 SUNRISE, FL 33325		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TARSIA, THOMAS M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>480 SAWGRASS CORPORATE PARKWAY, SUITE 110</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33325</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	TARSIA, THOMAS M		STREET ADDRESS	480 SAWGRASS CORPORATE PARKWAY, SUITE 110		CITY-ST-ZIP	SUNRISE, FL 33325		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			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: 		Date: 3/25/08    (239) 281-9002																									