

04/30/2007 16:40 FAX 9414288220

EK WILLIAMS & CO

S/ S/

FILED Jun 15, 2007 8:00 am Secretary of State

05-03-2007 90038 050 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000128506

1. Entity Name
P. SANDRA MORRIS, P.A.

Principal Place of Business
526 TAMPICO DRIVE
NORTH PORT, FL 34287

Mailing Address
526 TAMPICO DRIVE
NORTH PORT, FL 34287

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.
City & State

4. Certificate of Status Desired \$8.75 Additional Fee Required

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MORRIS, P. SANDRA
526 TAMPICO DRIVE
NORTH PORT, FL 34287

7. Name and Address of New Registered Agent

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 _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)
	MORRIS, P. SANDRA	526 TAMPICO DRIVE	NORTH PORT, FL 34287	

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 provided 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 this 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: P. Sandra Morris DATE: _____

66019145



04302007 Chg-P CR2E034 (12/06)

51-0605976

Applied For (Not Applicable)

FL Zip Code

\$5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

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 provided 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 this 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:

P. Sandra Morris

Date Office Phone #