2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P06000140044

Entity Name: SHARON RUDD-BOULANGER, P.A.

Current Principal Place of Business:

6049 NW WINFIELD DR.
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

6049 NW WINFIELD DR.
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 20-5832669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUDD-BOULANGER, SHARON
618 SW CURRY STREET
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

RUDD-BOULANGER, SHARON
6049 N.W. WINFIELD DR.
PORT ST. LUCIE, FL 34986 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: SHARON RUDD-BOULANGER, P.A. 04/27/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RUDD-BOULANGER, SHARON
Address: 618 SW CURRY STREET
City-St-Zip: PORT ST. LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RUDD-BOULANGER, SHARON
Address: 6049 N.W. WINFIELD DR.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify 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: SHARON RUDD-BOULANGER, P.A. P 04/27/2007
Electronic Signature of Signing Officer or Director Date