2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096232

Entity Name: MCCABE RABIN, P.A.

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

525 S FLAGLER DRIVE STE 200 1601 FORUM PLACE WEST PALM BEACH, FL 33401

301

WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

525 S FLAGLER DRIVE STE 200 1601 FORUM PLACE

WEST PALM BEACH, FL 33401 301

WEST PALM BEACH, FL 33401

FEI Number: 26-0797641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RABIN, ADAM RABIN, ADAM 525 SOUTH FLAGLER DRIVE 1601 FORUM PLACE

SUITE 301 SUITE 200

WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 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: 01/29/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MCCABE, RYON M MCCABE, RYON M Name: Name:

525 S FLAGLER DRIVE STE 200 1601 FORUM PLACE, SUITE 301 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401

Title: Title: (X) Change () Addition () Delete

Name: RABIN, ADAM T Name: RABIN, ADAM T

525 S FLAGLER DRIVE STE 200 Address: 1601 FORUM PLACE, SUITE 301 Address: WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip:

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: ADAM T. RABIN D 01/29/2009