

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087116

FILED
Apr 27, 2009
Secretary of State

Entity Name: MOBILE LEGAL SERVICES, P.A.

Current Principal Place of Business:

4775 WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33445

New Principal Place of Business:

14416 S. MILITARY TRAIL
DELRAY BEACH, FL 33484

Current Mailing Address:

4775 WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33445

New Mailing Address:

14416 S. MILITARY TRAIL
DELRAY BEACH, FL 33484

FEI Number: 80-0273657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, SHARON K ESQ
4775 WEST ATLANTIC AVENUE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

BROWN, SHARON K ESQ
14416 S. MILITARY TRAIL
DELRAY BEACH, FL 33484 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:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, SHARON K ESQ
Address: 4775 WEST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST () Delete
Name: WEISMAN, WENDI S ESQ
Address: 4775 WEST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, SHARON K ESQ
Address: 14416 S. MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33484

Title: ST (X) Change () Addition
Name: WEISMAN, WENDI S ESQ
Address: 14416 S. MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33484

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 K. BROWN

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date