2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2007 08:00 AM DOCUMENT # P92000008419 **Secretary of State** AIMEE BERNSTEIN & ASSOCIATES, INC. Principal Place of Business Mailing Address 5217 EAST LAKE DRIVE 5217 EAST LAKE DRIVE DEERFIELD BEACH, FL 33064 DEERFIELD BEACH, FL 33064 US No Chg-P CR2E034 (11/05) 04202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0363335 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERNSTEIN, AIMEE DO NOT WRITE 5217 EAST LAKE DRIVE DEERFIELD BEACH, FL 33064 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE n BERNSTEIN, AIMEE NAME STREET ADDRESS 5217 EAST LAKE DRIVE CITY-ST-ZIP DEERFIELD BEACH, FL 33064 U00000721201 05/01/07-80135-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED