2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 26, 2007 08:00 AM **DOCUMENT # P92000010995** Secretary of State 1. Entity Name WEINER & ARGO, P.A. Principal Place of Business Mailing Address 50 SE 1ST AVE 50 SE 1ST AVE OCALA, FL 34471-2152 US OCALA, FL 34471-2152 No Chg-P CR2E034 (11/05) 03082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3154732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINER, IRWIN J DO NOT WRITE **50 SE FIRST AVE** OCALA, FL 34471 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 Fiorida. It 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME WEINER, IRWIN J STREET ADDRESS 50 SE 1ST AVE CITY-ST-ZIP OCALA, FL 34471 TITLE NAME U00000677731 04/02/07-80004-025 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR