2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P92000012237

1. Entity Name

PIGNATO & UNDERWOOD, C.P.A., PA



Principal Place of Business

101 S.E. 6TH AVENUE

SUITE A DELRAY BEACH, FL 33483 Mailing Address

101 S.E. 6TH AVENUE

SUITE A

DELRAY BEACH, FL 33483

FILED Mar 20, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01222007

4. FEI Number 65-0371621

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, MARY ALICE 101 S.E. 6TH AVE. SUITE A DELRAY BEACH, FL 33483

DO NOT WRITE 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) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribution | | | | \$5.00 May Be Added to Fees | | |
| 10, | OFFICERS AND DIREC | TORS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | P PIGNATO, JAMES V 101 S.E. 6TH AVE., SUITE A DELRAY BEACH, FL 33483 | , . | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST UNDERWOOD, MARY ALICE 101 S.E. 6TH AVE., SUITE A DELRAY BEACH, FL 33483 | | | | | U00000673928 03/29/07-80049-001 150.00 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | IN ⁻ | THIS SPACE |

12. Thereby 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.

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

SIGNATURE: Mary alice Lunderwood MAR SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

MARY ALICE

561-276-3821