

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012699

Entity Name: JAMES E. MCDONALD, P.A.

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

C/O SQUIRE, SANDERS & DEMPSEY LLP
200 S BISCAYNE BLVD., #4000
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O STEEL HECTOR & DAVIS LLP
200 S BISCAYNE BLVD., #4000
MIAMI, FL 33131

New Mailing Address:

C/O SQUIRE, SANDERS & DEMPSEY LLP
200 S BISCAYNE BLVD., #4000
MIAMI, FL 33131

FEI Number: 65-0376978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, JAMES E ESQ.
C/O SQUIRE, SANDERS & DEMPSEY LLP
200 S BISCAYNE BLVD., #4000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDONALD, JAMES E ESQ.
Address: 200 S BISCAYNE BLVD., #4000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES E. MCDONALD

PRES

04/09/2007

Electronic Signature of Signing Officer or Director

Date