

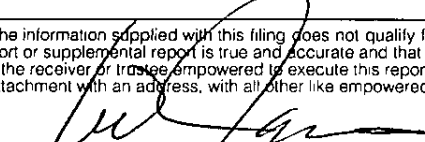


FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000006351			
1. Entity Name A. WADE JAMES, P.A.			
Principal Place of Business 1811 SHORE DRIVE SO SAINT PETERSBURG, FL 33707		Mailing Address 1811 SHORE DRIVE SO SAINT PETERSBURG, FL 33707 US	
DO NOT WRITE IN THIS SPACE			
		04292008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3214915	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES, A. WADE 1811 SHORE DRIVE SO SAINT PETERSBURG, FL 33707		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000947582 06/02/08-80020-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
P JAMES, A. WADE 1811 SHORE DRIVE SOUTH SAINT PETERSBURG, FL 33707			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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: 		4/29/08 727.343	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. WADE JAMES		Date Daytime Phone	