2007 FOR PROFIT CORPORATION

FILED Apr 16, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P93000012598 1. Entity Name PERRY W. HODGES, JR., P.A. Principal Place of Business Mailing Address 1401 E BROWARD BLVD 1401 E BROWARD BLVD **STE 300** STE 300 FORT LAUDERDALE, FL 33301-2116 FORT LAUDERDALE, FL 33301-2116 04132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0395697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HODGES, PERRY W JR. DO NOT WRITE 1401 E BROWARD BLVD #300 FT LAUDERDALE, FL 33301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 000000711287 9. Election Campaign Financing. \$5.00 May Be 04/25/07=80076=0 After May 1; 2007 Fee Will be \$550.00 京子の大学 できると TITLE NAME HODGES, PERRY W JR. STREET ADDRESS 1401 E BROWARD BLVD 300 CiTY-ST-ZIP FORT LAUDERDALE, FL 333012116 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 divisee empowered to execute his propriate 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 improvered.

SIGNATURE:

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

PERRY W. HODCES,