## FILED Jan 25, 2008 8:00 am **2008 FOR PROFIT CORPORATION Secretary of State** ANNUAL REPORT Mailing Address

**DOCUMENT # P93000022768** 01-25-2008 90035 010 \*\*\*150.00 WALTER T SAMUELSON & ASSOCIATES, INC. Principal Place of Business 40010767 9720 STIRLING RD 9720 STIRLING RD SUITE 110 SUITE 110 COOPER CITY, FL 33024 COOPER CITY, FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01172008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0397329 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMUELSON, WALTER T Street Address (P.O. Box Number is Not Acceptable) 9720 STIRLING RD SUITE 110 COOPER CITY, FL 33024 City Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSD** TITLE ☐ Delete TITLE SAMURISON, WATER TI Change Addition NAME SAMUELSON, WALTER T NAME 12737 EGYRSTRIAN TRAIL STREET ADDRESS 12737 COURSTMAN TR STREET ADDRESS CITY-ST-ZIP FT. LAUD, FL 33330 CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MAGAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 equired 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. changed, or on an attachment with an address, with all other

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #