

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT,**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000039118</b>		
1. Entity Name SYBIL GERSON ASSOCIATES, INC.		
Principal Place of Business 1095 JUPITER PARK DRIVE STE 6 JUPITER, FL 33458		Mailing Address 1095 JUPITER PARK DRIVE STE 6 JUPITER, FL 33458
<b>DO NOT WRITE IN THIS SPACE</b>		
		 07032007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0414593
		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  GERSON, SYBIL 8189 WOODCUTTER COURT PALM BEACH GARDENS, FL 33418		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSON, SYBIL 8189 WOODCUTTER COURT PALM BEACH GARDENS, FL 33418	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSON, ROBERT 8189 WOODCUTTER COURT PALM BEACH GARDENS, FL 33418	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>Date</small> _____ <small>Daytime Phone #</small> _____		