2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000039118

Entity Name: SYBIL GERSON ASSOCIATES, INC.

FILED May 13, 2008 Secretary of State

Current Principal Place of Business:						New Principal Place of Business:					
1095 JUPIT STE 6	ER PARK	DRI	VE								
JUPITER, F	L 33458										
Current Mailing Address:						New Mailing Address:					
1095 JUPITER PARK DRIVE STE 6											
JUPITER, F											
FEI Number:	65-0414593		FEI Number A	pplied For ()	FEI Nun	nber Not Appli	cable ()	Certifica	ate of Status Desired ()		
Name and Address of Current Registered Agent: N							Name and Address of New Registered Agent:				
GERSON, S 6189 WOOI PALM BEAG The above I	DCUTTER CH GARD	ENS	, FL 33418	US	rnoco o	f changing its	c registere	d office or a	registered agent or both		
in the State			אל פוווז פוווווטנג	itement for the pur	pose o	r changing is	s registere	u onice or i	registered agent, or both,		
SIGNATUR											
	Elec	tronic	c Signature of	Registered Agent	t				Date		
				corporation did not restribution ().	eceive t	he prior notice) .				
Election Campaign Financing Trust Fund Contribution(). OFFICERS AND DIRECTORS:						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:		SYBIL DCUT	Delete ITER COURT ARDENS, FL 33-	418		Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name: Address: City-St-Zip:		RÓBE DCUT	Delete :RT :TER COURT ARDENS, FL 33	418		Title: Name: Address: City-St-Zip:	D LEVIN, BRU 504 GRAND NEW YORK	STREET	() Addition		
Title: Name: Address: City-St-Zip:		()	Delete			Title: Name: Address: City-St-Zip:	D LEVIN, JAM 7 THE BRAI WOODBUR		. ,		

I hereby certify that the information supplied with this filing does not qualify 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: SYBIL GERSON O 05/13/2008