


**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90007 024 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P93000046919</b>			
1. Entity Name <b>RICHARD T. HALPERN, LTD., INCORPORATED</b>			
Principal Place of Business <b>256 WORTH AVE STE U PALM BEACH, FL 33480-6048 US</b>		Mailing Address <b>256 WORTH AVE STE U PALM BEACH, FL 33480-6048 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FE Number <b>65-0443681</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HALPERN RICHARD T 256 WORTH AVE STE U PALM BEACH, FL 33480</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
9. 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 obligation of, registered agent.		FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and shall approve (NOTE: Registered Agent Signature required when re-registering)</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		6. Election Campaign Financing Trus. Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Go Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 11 or Block 11 if changed, or in an attachment with an affidavit, with all other like empowered.			
SIGNATURE: <i>X Richard Halpern X 3/22/07</i>		DATE: _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

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