
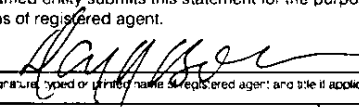
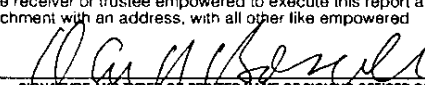


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90059 002 ***150.00

DOCUMENT # P93000050876 1. Entity Name AKERS & BOSWELL, P.A.			
Principal Place of Business 2875 SO. OCEAN BLVD #200 PALM BEACH, FL 33480		Mailing Address 2875 SO. OCEAN BLVD #200 PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box # 1601 Belvedere Road Suite, Apt. #, etc. 106-E City & State West Palm Beach, FL Zip 33406		3. Mailing Address 1601 Belvedere Road Suite, Apt. #, etc. Suite 106-E City & State West Palm Beach, FL Zip 33406	
4. FEI Number 65-0429075		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSWELL, DON R 2875 S. OCEAN BLVD. STE. 200 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name Don R. Boswell Street Address (P.O. Box Number is Not Acceptable) 1601 Belvedere Road, Suite 106-E City West Palm Beach FL Zip Code 33406	
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:  DATE: 7/2/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, DON R 2875 S. OCEAN BLVD., STE. 200 PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don R. Boswell 1601 Belvedere Road, Suite 106-E West Palm Beach, FL 33406 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 7/2/07 (561) 547-6300	