2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051882

Entity Name: ENGELHARDT, HAMMER & ASSOCIATES, INC.

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3001 N. ROCKY POINT DR. E. 3001 N. ROCKY POINT DR. E.

SUITE 300 SUITE 300

TAMPA, FL 336075810 US TAMPA, FL 33607 US

Current Mailing Address: New Mailing Address:

3001 N. ROCKY POINT DR. E. 3001 N. ROCKY POINT DR. E.

SUITE 300 SUITE 300

TAMPA, FL 336075810 US TAMPA, FL 33607 US

FEI Number: 59-3192329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLD, AARON J GOLD, AARON J ESQ.
703 SWANN AVE.
704 WEST BAY STREET
TAMPA, FL 33606 US TAMPA, FL 33606 US

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.

SIGNATURE: AARON J. GOLD, ESQ. 01/11/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: HAMMER, ETHEL D Name: HAMMER, ETHEL D

Address: 5444 BAY CENTER DRIVE, SUITE 122 Address: 3001 N. ROCKY POINT DR. EAST , SUITE 300

City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TAMPA, FL 33607 US

Title: STDV () Delete Title: VSTD (X) Change () Addition

Name: ENGELHARDT, GARY C Name: ENGELHARDT, GARY C

Address: 5444 BAY CENTER DRIVE, SUITE 122 Address: 3001 N. ROCKY POINT DR. EAST, SUITE 300

City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TAMPA, FL 33607 US

Title: V (X) Delete Title: () Change () Addition Name: MONTGOMERY, JAMES W Name:

 Address:
 5444 BAY CENTER DRIVE, SUITE 122
 Address:

 City-St-Zip:
 TAMPA, FL 33609 US
 City-St-Zip:

Title: V (X) Delete Title: () Change () Addition

 Name:
 KNIGHT, MICHAEL H P.E.
 Name:

 Address:
 5444 BAY CENTER DRIVE, SUITE 122
 Address:

 City-St-Zip:
 TAMPA, FL 33609 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ETHEL D. HAMMER MRS. 01/11/2007