FILED 2008 FOR PROFIT CORPORATION Apr 18, 2008 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P93000052534** 1. Entity Name ROBERT M. KAHN, P.A. Principal Place of Business Mailing Address 777 S. STATE ROAD 7 777 S. STATE ROAD 7 MARGATE, FL 33068 MARGATE, FL 33068 04102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0441959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAHN, ROBERT M DO NOT WRITE 777 S. STATE ROAD 7 MARGATE, FL 33068 IN THIS SPACE 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. Signature, typed or printed name of registered agent and little it applicable. (NOTE: Registered Agent signature required when reinstating) U00000906965 U5/U5/U8-80019-013 1**50.**00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PST THLE NAME KAHN, ROBERT M STREET ADDRESS 777 S. STATE ROAD 7 MARGATE, FL 33068 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE: CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver of 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 all guber like empowered.

SIGNATURE:

CITY-ST-ZIP

SNATURE AND TYPED OR PHINTED NAME OF SUSNING OFFICER OR DIRECTOR

4/16/08

969-3905

Daytime Phone #