


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State


05-05-2008 90226 042 ***150.00

DOCUMENT # P93000075933 1. Entity Name AMY KIRSCHNER HYMAN, P.A., ATTORNEYS AT LAW	
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Principal Place of Business 8333 W MCNAB ROAD # 203 TAMARAC, FL 33321	Mailing Address 8333 W MCNAB ROAD # 203 TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE

40000000



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0453643	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HYMAN, AMY KIRSCHNER 8333 W MCNAB ROAD # 203 TAMARAC, FL 33321	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HYMAN, AMY KIRSCHNER 8333 WEST MC NAB ROAD, # 203 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>New Address for firm Ⓢ registered agent to be effective 5/5/08</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>10258 NW 46th St, Sunrise, FL 33351</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 reports 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: *4/30/08* DAYTIME PHONE #: *954-721-1020*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #