
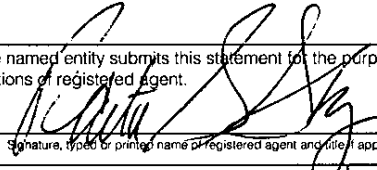
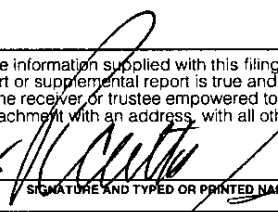


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90222 029 ***150.00

DOCUMENT # P93000086899 1. Entity Name ROBERTA G. STANLEY, P.A.																																																					
Principal Place of Business 350 JIM MORAN BLVD STE 220 DEERFIELD BEACH, FL 33442 US			Mailing Address 350 JIM MORAN BLVD STE 220 DEERFIELD BEACH, FL 33442 US																																																		
2. Principal Place of Business - No P.O. Box # 200 E LAS OLAS BLVD		3. Mailing Address 200 E LAS OLAS BLVD																																																			
Suite, Apt. #, etc. 1900		Suite, Apt. #, etc. 1900																																																			
City & State FORT LAUDERDALE		City & State FORT LAUDERDALE																																																			
Zip FL		Country FL		4. FEI Number 65-0452842																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent STANLEY, ROBERTA G 350 JIM MORAN BLVD STE 220 DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 E LAS OLAS BLVD., SUITE1900 City FORT LAUDERDALE FL Zip Code 33301																																																		
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: 4/26/07																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> PSD STANLEY, ROBERTA G 350 JIM MORAN BLD STE 220 DEERFIELD BEACH, FL 33442 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STANLEY, ROBERTA G 350 JIM MORAN BLD STE 220 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> 200 E LAS OLAS BLVD., SUITE1900 FORT LAUDERDALE, FL 33301 </td> <td style="width:30%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 E LAS OLAS BLVD., SUITE1900 FORT LAUDERDALE, FL 33301	<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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  DATE: 4/26/07 Daytime Phone #																																																					