

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jun 28, 2007 8:00 am
Secretary of State**

06-28-2007 90001 013 ***558.75

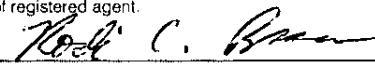
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|---|--|---|
| DOCUMENT # P94000002488 | |  |
| 1. Entity Name ROWLSON & COMPANY, P.A. | | |

| | |
|---|---|
| Principal Place of Business 14055 RIVEREDGE DRIVE SUITE 140 TAMPA, FL 33637 US | Mailing Address 14055 RIVEREDGE DRIVE SUITE 140 TAMPA, FL 33637 US |
|---|---|

| | | | |
|--|---------------------|-----|---------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | | | |
|--|--|----|----------------|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | | |
| ROWLSON, MICHAEL D 14055 RIVEREDGE DR STE 140 TAMPA, FL 33637 | Name Rodi C. Bowen | | |
| | Street Address (P.O. Box Number is Not Acceptable) | | |
| | 14055 Riveredge Drive, Ste. 140 | | |
| | City Tampa | FL | Zip Code 33637 |

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 *6/20/2007*

Signature, typed or printed name of registered agent and title if applicable

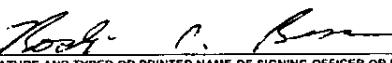
(NOTE: Registered Agent signature required when relocating)

DATE

| | | |
|--|--|--|
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|--|--|--|

| | | | | | |
|--|--|---|--|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ROWLSON, MICHAEL D 12501 RAIN FOREST STREET TEMPLE TERRACE, FL 33617 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD Rodi C. Bowen 14055 Riveredge Drive, Ste. 140 Tampa, FL 33637 | <input type="checkbox"/> Change <input checked="" 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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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 *6/20/2007* #334219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rodi C. Bowen, President

Date

Daytime Phone #