2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000022226

Entity Name: JOHN J. CHRISTIE & ASSOCIATES OF FLORIDA, INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
STE C	DRSE BLVD					
WINTER P.	ARK, FL 327	89				
Current Ma	ailing Addres	ss:	New Mailing Addres	ss:		
STE C	ORSE BLVD ARK, FL 327	89				
FEI Number:	59-3357140	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)		
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:		
1079 W MC WINTER P.		RTE C 89 US	rpose of changing its registere	ed office or registered agent, or both,		
SIGNATUR						
51		nic Signature of Registered Ager	TI	Date		
Election Carr	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (CHRISTIE, JOH 6700 OREGON WASHINGTON	I AVE NW	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () BROSTROM, D 1301 SUZANNI LONGWOOD, I	E WAY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (MITCHELL, RE 38 HOLLYBER ROCKVILLE, M	RY CT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (WORRELL, QU 4 TORRANCE (KENSINGTON,	CT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () CHRISTIE, JUE 6700 OREGON WASHINGTON	I AVE NW	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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:	DARREL J. BROSTROM	D	01/04/2008