


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90189 040 ***150.00

DOCUMENT # P94000052085		
1. Entity Name BRONSTEIN, CARLSON, GLEIM, SHASTEEN & SMITH, P.A.		

Principal Place of Business 150 2ND AVE N STE 1100 ST PETERSBURG, FL 33701 US	Mailing Address 150 2ND AVE N STE 1100 ST PETERSBURG, FL 33701 US
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DO NOT WRITE IN THIS SPACE

400855003



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3256800	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 BRONSTEIN, JOEL D 150 2ND AVE N STE 1100 ST PETERSBURG, FL 33701
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CARLSON, SUSAN W 1301 PASS A GRILLE WAY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GLEIM, HOLGER D 870 SAND PINE DR NE 17580 Gulf Blvd. #408 ST PETERSBURG, FL Redington Shores, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SMITH, THOMAS B 902 MARCO DR. NE SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BRONSTEIN, JOEL D 1303 PASS A GRILLE WAY ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SHASTEEN, PHILIP M 2920 HARBORVIEW DR W TAMPA, FL 33611
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 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: Joel D Bronstein, Pres. 1/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #