## 2008 FOR PROFIT CORFORATION ANNUAL REPORT

## Jan 09, 2008 08:00 AN Secretary of State DOCUMENT # P94000061003 1. Entity Name DAVID T. TOPPING, C.P.A., P.A. Principal Place of Business Mailing Address 4020 SHERIDAN ST 4020 SHERIDAN ST SUITE C SUITE C HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 01052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0513652 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOPPING, DAVID T DO NOT WRITE 4020 SHERIDAN ST SUITE C IN THIS SPACE HOLLYWOOD, FL 33021 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent suppliers required when registation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE TOPPING, DAVID T NAME STREET ADDRESS 4020 SHERIDAN ST U00000776394 CITY-ST-ZIP HOLLYWOOD, FL 33021 01/09/08-80020-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHY-ST-ZIP

DAVID TOPPING SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED