


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 SEP 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 09/12/07

DOCUMENT # P95000025775		
1. Entity Name NOVOTAK & ASSOCIATES, INC.		

Principal Place of Business P.O. BOX 29-4406 BOCA RATON, FL 33429-4406	Mailing Address P.O. BOX 29-4406 BOCA RATON, FL 33429-4406
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2. Principal Place of Business - No P.O. Box # <i>501</i>		3. Mailing Address <i>✓</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07192007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0589847		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOVOTAK, ANDREW G 501 IBIS DRIVE DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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's signature required when reinstating)
Signature, typed or printed name of registered agent; and if not applicable, (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> NOVOTAK, ANDREW G 501 IBIS DRIVE DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> BARTLEY, CRISTA A P O BOX 29-4406 BOCA RATON, FL 33429-4406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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09/12/07--01001--015 **185.00

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, the empowered.

SIGNATURE: *Andrew G. Novotak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #