2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P95000030229 04-16-2007 90078 027 ***150 00 HANK HIMMELBAUM, L.C.S.W., P.A. Principal Place of Business Mailing Address 4000-7000 WEST PALMETTO PARK RD 7000 WEST PALMETTO PARK RD SUITE 407 SUITE 407 BOCA RATON, FL 33433 BOCA RATON, FL 33433 cipal Place of Business No P.O. Box # 3 SW Apt. #, etc. 01202007 Chg-P CR2E034 (12/06) 101 4. FEI Number Applied For aton 65-0576469 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HIMMELBAUM, HANK 7000 WEST PALMETTO PARK RD SUITE 407 BOCA RATON, FL 33433 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. O SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Apent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME HIMMELBAUM, HANK CEO NAME 3 SW 18th Street STREET ADDRESS 7000 WEST PALMETTO PARK RD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE TITI F ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED