2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000043889

1. Entity Name

ROBERT E. BOURNE, JR., CHARTERED



Principal Place of Business

521 LAKE AVE.

SUITE 3

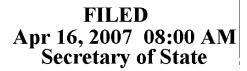
LAKE WORTH, FL 33460

Mailing Address

521 LAKE AVE.

SUITE 3

LAKE WORTH, FL 33460





CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	A	oplied For
65-0589853	N	ot Applicable
5. Certificate of Status Desired	\$8.75 Add	ditional

6. Name and Address of Current Registered Agent

BOURNE, ROBERT E JR. 521 LAKE AVE. SUITE 3

LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

No Chg-P

04052007

8. The above	named entity submits this statement for the p	urpose of changing its registered o	flice or registered agent	, or both, in the State of Florida. I am familiar with, and accept
the obligat	ions of registered agent, Signature, typed or printed name of registered agent and title it	ANOTE CONTRACTOR		ating) DATE
	Signature, typed or orinted name or registered agent and title it	applicable (NOTE: Registated Age	int signature required when reinst	aung) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 May Added to Fee	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOURNE, ROBERT E JR. 521 LAKE AVE., #3 LAKE WORTH, FL 33460			U00000712506 04/26/07-80048-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				04726707 - 80048-021 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	C	OO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CHY-ST-ZIP				
12. I hereby o	certify that the information supplied with this fill	ng does not qualify for the exempt	tions contained in Chap	ter 119, Florida Statutes. I further certify that the information

12. The easy retail the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes, 1 further certify that the information indicated on this report is 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 extrustee 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

agail 5 2007 (561)586,5151