## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

## Sep 13, 2007 8:00 am Secretary of State **DOCUMENT # P95000068849** 09-13-2007 90002 037 \*\*\*150.00 LEGAL SUPPORT RESOURCES, INC. Principal Place of Business Mailing Address 2777 SOUTH EVERGREEN CIRCLE 2777 SOUTH EVERGREEN CIRCLE 50001804 **BOYNTON BEACH, FL 33426** BOYNTON BEACH, FL 33426 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2800 E 2825 E. Suite, Apt. #, etc. Suite, Apt. #, etc 07062007 CR2E034 (12/06) Chg-P City & State City & Ştate 4. FEI Number Applied For 65-0606613 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAMBERLAIN, FRED W Street Address (P.O. Bex Number is Not Acceptable) 2777 SOUTH EVERGREEN CIRCLE **BOYNTON BEACH, FL 33426** 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. of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D.P TITLE Change Addition TITLE ☐ Delete CHAMBERLAIN, FRED W NAME NAME STREET ADDRESS 2777 SOUTH EVERGREEN CIRCLE STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-7IP CITY-ST-7IP TITLE Delete TODE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THTLE ☐ 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 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 attac

INTED NAME OF SIGNING OFFICER OR DIRECTOR