2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084973

City-St-Zip: MIAMI LAKES, FL 33014

Entity Name: COLLINSWORTH, ALTER, LAMBERT, INC.

FILED Jan 08, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
600 SAND PALM BEA	TREE DR., SI ACH GARDEN	JITE 101 IS, FL 33403		
Current Mailing Address:			New Mailing Address:	
	TREE DR., SI ACH GARDEN			
FEI Number: 65-0646888 FEI Number Applied For ()		FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
5979 NE 1 SUITE 105	6, ROBERTA I 51 STREET 5 KES, FL 3301			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its rec	gistered office or registered agent, or both,
SIGNATU				
		nic Signature of Registered Ag	ent	Date
Election Car	npaign Financir	ng Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	PD () Delete	Title: PD	(X) Change () Addition
Name:	LAMBERT, DO			BERT, DON A JR
Address:	8346 150 PLA			74 SW COREY PLACE
City-St-Zip:	AAEST PALINE	BEACH, FL 33418	City-St-Zip: PAL	M CITY, FL 34990
Title:	SD () Delete	Title:	() Change () Addition
Name:	DOWLING, RO	BERTA L	Name:	
Address:		I ST., STE. 105	Address:	
City-St-Zip:	MIAMI LAKES	FL 33014	City-St-Zip:	
Title:	TD () Delete	Title:	() Change () Addition
Name:	ALTER, DAVID		Name:	() 3
Address:		1 ST., STE. 105	Address:	
City-St-Zip:	MIAMI LAKES	FL 33014	City-St-Zip:	
Title:	VD () Delete	Title:	() Change () Addition
Name:	,	ŔTH, W. MEADE	Name:	
Address:	5979 N W 151	LST_STE_105	Address:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DON A. LAMBERT, JR. PD 01/08/2007