
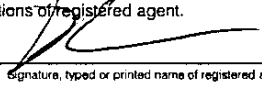
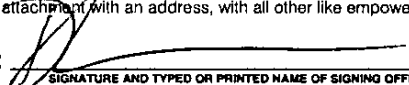


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90123 047 ***150.00

DOCUMENT # P96000002912 1. Entity Name SUSSMAN LAW GROUP, P.A.																																																																																			
Principal Place of Business 2203 NORTH LOIS AVENUE, SUITE 948 TAMPA, FL 33607			Mailing Address 2203 NORTH LOIS AVENUE, SUITE 948 TAMPA, FL 33607																																																																																
2. Principal Place of Business		3. Mailing Address																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005 Chg-P CR2E034 (10/03)																																																																															
City & State		City & State		4. FEI Number 59-3356583																																																																															
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																															
6. Name and Address of Current Registered Agent SUSSMAN, DOV 2203 NORTH LOIS AVENUE, SUITE 948 TAMPA, FL 33607				7. Name and Address of New Registered Agent																																																																															
				Name																																																																															
				Street Address (P.O. Box Number is Not Acceptable)																																																																															
				City FL Zip Code																																																																															
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:  4/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 60%; padding: 5px;">PDEC</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 60%; padding: 5px;">PDEC</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">SUSSMAN, DOV</td> <td></td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">DOV SUSSMAN</td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1375 JACKSON ST, STE 201</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">2203 North Lois Ave, Ste 948</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">FORT MYERS, FL 33901</td> <td></td> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">Tampa, FL 33607</td> <td></td> </tr> <tr><td colspan="6" style="height: 20px;"></td></tr> <tr><td colspan="6" style="height: 20px;"></td></tr> <tr><td colspan="6" style="height: 20px;"></td></tr> <tr><td colspan="6" style="height: 20px;"></td></tr> <tr><td colspan="6" style="height: 20px;"></td></tr> <tr><td colspan="6" style="height: 20px;"></td></tr> <tr><td colspan="6" style="height: 20px;"></td></tr> <tr><td colspan="6" style="height: 20px;"></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PDEC	<input type="checkbox"/> Delete	TITLE	PDEC	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SUSSMAN, DOV		NAME	DOV SUSSMAN		STREET ADDRESS	1375 JACKSON ST, STE 201		STREET ADDRESS	2203 North Lois Ave, Ste 948		CITY - ST - ZIP	FORT MYERS, FL 33901		CITY - ST - ZIP	Tampa, FL 33607																																																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/27/05 813 350-0711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																			