2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000032610

Name:

Address: City-St-Zip: LINK, WENDY SARTORY

222 LAKEVIEW AVE., STE 1250

WEST PALM BEACH, FL 334016143 US

Entity Name: ACKERMAN, LINK & SARTORY, P.A.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
222 LAKE\ SUITE 125 WEST PAL	0	L 334016143 US			
Current Mailing Address:			New Mailing Address:		
222 LAKE\ SUITE 125 WEST PAL	0	L 334016143 US			
FEI Number:	65-0668726	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
222 ĽAKE\ SUITE 125 WEST PAL	0 LM BEACH, F	L 334016143 US	ournose of changing its registered	office or registered agent, or both,	
	of Florida.	oubtile this statement for the p	ourpose of changing its registered	office of registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ACKERMAN, D 222 LAKEVIEV) Delete AVID P V AVE., STE 1250 EACH, FL 334016143 US	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LINK, SCOTT 222 LAKEVIEV) Delete V AVE., STE 1250 :EACH, FL 334016143 US	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title:	PDM () Delete	Title: () Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WENDY S. LINK P 01/16/2009