


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000034445


1. Entity Name
 THOMAS J. KASICA, C.P.A., P.A.



Principal Place of Business Mailing Address

2210 FRONT STREET #301 2210 FRONT STREET #301
 MELBOURNE, FL 32901 US MELBOURNE, FL 32901 US

DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3376685	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KASICA, THOMAS J
 2210 FRONT STREET #301
 MELBOURNE, FL 32901

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000899324
 04/28/08-90034-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KASICA, THOMAS J
STREET ADDRESS	2210 FRONT STREET #301
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE: Thomas J. Kasica Thomas J. Kasica, President 4/14/08 (321) 722-9870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #