2007 FOR PROFIT CORPORATION

Mar 05, 2007 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P96000074712 1. Entity Name JOEL M. WEISSMAN, P.A. Principal Place of Business Mailing Address 515 N. FLAGLER DR. 515 N. FLAGLER DR. STE 1100 STE 1100 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 US No Chg-P CR2E034 (11/05) 02202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2169396 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WEISSMAN, JOEL M. 515 NO FLAGLER DR STE 1100 IN THIS SPACE WEST PALM BEACH, FL 33401 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. WEISSMAN, JOEL M NAME STREET ADDRESS 515 NO FLAGLER DR #1100 CITY-ST-ZIP WEST PALM BEACH, FL 33401 U00000655132 03/13/07-80094-007 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE

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, ith all other like empowered.

SIGNATURE:

STREET ADDRESS City-ST-ZIP

> SIGNATURE AND TYP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED