

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 05, 2007
Secretary of State**

DOCUMENT# P96000088475

Entity Name: JAMES M WORCESTER PA

Current Principal Place of Business:

29296 US 19 NORTH
#203
PALM HARBOR, FL 33761 US

New Principal Place of Business:

5586 SALEM SQUARE DR S
PALM HARBOR, FL 34685 US

Current Mailing Address:

5586 SALEM SQUARE DR S
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-3443264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORCESTER, JAMES M
5586 SALEM SQUARE DRIVE S
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCGRAW, JOHN T PRES
Address: 2825 MEADOW OAK DR E.
City-St-Zip: CLEARWATER, FL 33761 US

Title: V/T () Delete
Name: MCGRAW, JOHN T V/T
Address: 2825 MEADOW OAK DR E.
City-St-Zip: CLEARWATER, FL 33761 US

Title: S/D () Delete
Name: MCGRAW, JOHN T S/D
Address: 2825 MEADOW OAK DR E.
City-St-Zip: CLEARWATER, FL 33761 US

Title: C/M () Delete
Name: MCGRAW, JOHN T C/M
Address: 2825 MEADOW OAK DR E.
City-St-Zip: CLEARWATER, FL 33761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WORCESTER, JAMES M PRES
Address: 5586 SALEM SQUARE DR S
City-St-Zip: PALM HARBOR, FL 34685 US

Title: V/T (X) Change () Addition
Name: WORCESTER, JAMES M V/T
Address: 5586 SALEM SQUARE DR S
City-St-Zip: PALM HARBOR, FL 34685 US

Title: S/D (X) Change () Addition
Name: WORCESTER, DEBORAH Q S/D
Address: 5586 SALEM SQUARE DR S
City-St-Zip: PALM HARBOR, FL 34685 US

Title: C/M (X) Change () Addition
Name: WORCESTER, DEBORAH Q C/M
Address: 5586 SALEM SQUARE DR S
City-St-Zip: PALM HARBOR, FL 34685 US

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.

SIGNATURE: JOHN T MCGRAW

PRES

10/05/2007

Electronic Signature of Signing Officer or Director

Date