2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# P97000008257

Entity Name: JAMES DORAN COMPANY OF FLORIDA

Current Principal Place of Business:

216 SEVEN FARMS DRIVE
SUITE 200
CHARLESTON, SC 29492

New Principal Place of Business:

Current Mailing Address:

216 SEVEN FARMS DRIVE
SUITE 200
CHARLESTON, SC 29492

New Mailing Address:

FEI Number: 58-2322093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DORAN JR ROBERT J,
Address: 216 SEVEN FARMS DRIVE, SUITE 200
City-St-Zip: CHARLESTON, SC 29492

Title: V ( ) Delete
Name: DORAN, SHANE
Address: 216 SEVEN FARMS DRIVE, SUITE 200
City-St-Zip: CHARLESTON, SC 29492

Title: ST ( ) Delete
Name: FINCH, CHERYL
Address: 216 SEVEN FARMS DRIVE, SUITE 200
City-St-Zip: CHARLESTON, SC 29492

Title: AS ( ) Delete
Name: BROOKS, GREG W
Address: 119 FIFTH AVENUE, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DORAN JR ROBERT J,
Address: 216 SEVEN FARMS DRIVE, SUITE 200
City-St-Zip: CHARLESTON, SC 29492

Title: VP (X) Change ( ) Addition
Name: DORAN, SHANE
Address: 216 SEVEN FARMS DRIVE, SUITE 200
City-St-Zip: CHARLESTON, SC 29492

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBER J DORAN PD 03/05/2007

Electronic Signature of Signing Officer or Director — Date