


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000036050 1. Entity Name JOHN W. HENRY & COMPANY, INC.	
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Principal Place of Business 301 YAMATO ROAD SUITE 2200 BOCA RATON, FL 33431-4931	Mailing Address 301 YAMATO ROAD SUITE 2200 BOCA RATON, FL 33431-4931
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01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 95-3797166	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 MITCHELL, MARK H 301 YAMATO ROAD SUITE 2200 BOCA RATON, FL 33431-4931

**DO NOT WRITE
IN THIS SPACE**

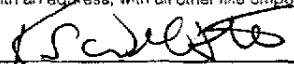
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JOHN W 301 YAMATO ROAD BOCA RATON, FL 334314931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, MARK H 301 YAMATO ROAD BOCA RATON, FL 334314931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWIST, EDWIN B 301 YAMATO ROAD BOCA RATON, FL 334314931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KOZAK, DAVID M 301 YAMATO RD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/06/07-R00003-023 150.00

**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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date: 1/29/07 Daytime Phone #: 561-24-1018