

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90058 025 \*\*\*150.00

<b>DOCUMENT # P97000040131</b>	
1. Entity Name FOX LAW OFFICES, P.A.	

Principal Place of Business 204 FOX TAIL DRIVE #G-2 W PALM BEACH, FL 33415	Mailing Address 204 FOX TAIL DRIVE #G-2 W PALM BEACH, FL 33415
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2. Principal Place of Business - No P.O. Box # <b>600 FAIRWAY DRIVE</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>105</b>	Suite, Apt. #, etc.

City & State <b>DEERFIELD BEACH, FL</b>	City & State
Zip <b>33441</b>	Country <b>USA</b>

4000 -



02082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>PETRUCCI, BEATRICE 204 FOX TRAIL DRIVE UNIT G-2 W PALM BEACH, FL 33415</del>		Name <b>HOWARD LEVINE</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>600 FAIRWAY DRIVE, SUITE 105</b>	
		City <b>DEERFIELD BEACH FL</b>	
		Zip Code <b>33441</b>	

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 *Howard Levine* (NOTE: Registered Agent signature required when reinstating)

DATE 02/22/07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSP FOX, RICHARD C P.O. BOX 1097 PECOS, NM 87552 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Richard C. Fox* **RICHARD C. FOX** 2/22/07 (505) 670-1570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #