## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # P97000047391  1. Entity Name BLOCK & NATION, P.A.					03-12-2007 90085 033 ***150.00				
Principal Plac	e of Business	Mailing Address			1000				
4270 ALOMA AVE., STE. 194 WINTER PARK, FL 32792		4270 ALOMA AVE., STE. 194 Winter Park, FL 32792			1 (B)# 188# AB(1) 89\1) #	ERIN 88111 STRU 1866	IHIO 18181 III	ll <b>ag</b> t ik j <b>ag</b> t	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032007	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Number 59-345			<u> </u>	plied For at Applicable	
Zip	Country	Zip	Country		of Status Desired		3.75 Add e Require	litional	
	6. Name and Address of Current	Registered Agent	Nome	7. Name and	Address of New	Registered Ag	ent		
LABRET, S	STEVEN M		Name						
226 HILLO	REST ST. ), FL 32801		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
ORDANDO	7, FL 32001		<u></u>						
			City			FL	Zip Cod	e	
8. The above the obligat	named entity submits this statement folions of registered agent.	the purpose of changing its re	gistered office or re	gistered agent, or bo	th, in the State of	Florida. I am fan	niliar with.	and accept	
SIGNATURE	Signature, typod or printed name of registered agent a	and little if applicable. (NOTE: F	Registered Agent signature	required when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib	· ·	\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO O	FFICERS AND D	RECTOR	3 IN 11	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D BLOCK, BRADLEY M 4270 ALOMA AVE., STE. 194 WINTER PARK, FL 32792	☐ Dolete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ָ	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATION, AMY J 4270 ALOMA AVE., STE. 194 WINTER PARK, FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			С	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D CHASE, CRAIG P 4278 ALOMA AVE STE #194 WINTER PARK, FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			C	] Change	Addition	

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 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 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 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 by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed in the receiver of the corporation of the receiver or trustee empowered by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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 of the receiver or trustee empowered by Chapter 607, Florida Statutes, I further certify that the information indicated on this 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 of the receiver of the receiver of the receiver of the receiver

ATTACHMENT 40033092 P97000047391

	00:00	(55,507.98)	(3,682.24)	12/31/06 (59,190.22)
DR SMOLEN	TOTAL 12/31/05	YTD PROFIT	Pay Advance	NET BALANCE 12/31/06 (SHORT)/OVER
	2,663.11	9,593.59	(4,320,53)	7,936.17
DR CHASE	TOTAL 12/31/05	YTD PROFIT	Pay Advance	NET BALANCE 12/31/06 (SHORT)/OVER
	4,584,44	15,094.72	(2,971.47)	16,707.69
DR BLOCK	TOTAL 12/31/05	YTD PROFIT	Pay Advance	NET BALANCE 12/31/06 (SHORT)/OVER
	(14,543.26)	4,516.91	(3,721.06)	(13,747.41)
DR NATION	TOTAL 12/31/05	YTD PROFIT NEOSTRATA INCOME/(LOSS)	DISTRIBUTIONS Pay Advance	NET BALANCE 12/31/06 (Short)/Over