2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P97000059323

Entity Name: FULLER FAMILY PARTNERS, INC.

Current Principal Place of Business:

201 ALHAMBRA CIR #602
CORAL GABLES, FL 33134

New Principal Place of Business:

12000 BISCAYNE BLVD.
SUITE 609
NORTH MIAMI, FL 33181

Current Mailing Address:

201 ALHAMBRA CIR #602
CORAL GABLES, FL 33134 US

New Mailing Address:

12000 BISCAYNE BLVD.
SUITE 609
NORTH MIAMI, FL 33181 US

FEI Number: 65-0768689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FULLER, ALLEN D
201 ALHAMBRA CIR #602
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

FULLER, ALLEN D
12000 BISCAYNE BLVD.
SUITE 609
NORTH MIAMI, FL 33181 US

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: ALLEN D. FULLER 05/01/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FULLER, ALLEN D
Address: 201 ALHAMBRA CIRCLE, SUITE 602
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete
Name: FULLER, LAWRENCE A
Address: 12000 BISCAYNE BLVD # 609
City-St-Zip: N. MIAMI, FL 33181

Title: D ( ) Delete
Name: FULLER, JOHN P
Address: 12000 BISCAYNE BLVD. #609
City-St-Zip: N. MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FULLER, ALLEN D
Address: 12000 BISCAYNE BLVD., SUITE 609
City-St-Zip: NORTH MIAMI, FL 33181

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 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: ALLEN D. FULLER D 05/01/2007
Electronic Signature of Signing Officer or Director Date