## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P97000082242

Entity Name: WALTERS LEVINE KLINGENSMITH & THOMISON, P.A.

FILED Jul 19, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 1800 SECOND ST
 1800 2ND. ST

 SUITE 808
 SUITE 808

SARASOTA, FL 34236 US SARASOTA, FL 34236 US

Current Mailing Address: New Mailing Address:

1800 SECOND ST 1800 2ND. ST SUITE 808 SUITE 808

SARASOTA, FL 34236 US SARASOTA, FL 34236 US

FEI Number: 65-0786055 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMISON, JAMES E

1800 SECOND ST.

SUITE 808

SARASOTA, FL 34236 US

THOMISON, JAMES E

1800 2ND. ST.

SUITE 808

SUITE 808

SARASOTA, FL 34236 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: 07/19/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: ST (X) Change ( ) Addition Name: WALTERS, JOEL W WALTERS, JOEL W

 Address:
 1800 SECOND ST. SUITE 808
 Address:
 1800 2ND. ST. SUITE 808

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

Title: P ( ) Delete Title: VP (X) Change ( ) Addition
Name: LEVINE STUART J Name: LEVINE STUART J

 Name:
 LEVINE, STUART J
 Name:
 LEVINE, STUART J

 Address:
 1800 SECOND ST. SUITE 808
 Address:
 1800 2ND. ST. SUITE 808

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

Title: ST ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 THOMISON, JAMES E
 Name:
 THOMISON, JAMES E

 Address:
 1800 SECOND ST. SUITE 808
 Address:
 1800 2ND. ST. SUITE 808

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34236

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: JAMES E. THOMISON P 07/19/2007