


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000099292 1. Entity Name DEBORAH J. MARSHALL, C.P.A., P.A.	
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Principal Place of Business 5710 NE 20 AVENUE FT. LAUDERDALE, FL 33308	Mailing Address 5710 NE 20 AVENUE FT. LAUDERDALE, FL 33308
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**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0796183	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

MARSHALL, DEBORAH J CPA  
 5710 NE 20 AVENUE  
 FT. LAUDERDALE, FL 33308

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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MARSHALL, DEBORAH J 5710 NE 20 AVENUE FT. LAUDERDALE, FL 33308
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 02/09/07-80024-013 150.00

**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 another like empowered.

SIGNATURE: *Deborah J. Marshall* DEBORAH J. MARSHALL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President 2/2/07 954-491-8863  
 Date Daytime Phone #