ANNUAL REPORT (AR) DOCUMENT # P97000101738 1. Entity Name EDWARD A. DOXEY, C.P.A., P.A. Mailing Principal Place of Business 1901 W. TERRA MAR DRIVE 1901 POMPANO BEACH FL 33062 POME 2. Principal Place of Business - No P.O. Box # 3. Maili Suito, Apt. #, etc. Suite City & State City Zip Country Zip 6. Name and Address of Current Registere DOXEY, EDWARD A 1901 W. TERRA MAR DRIVE POMPANO BEACH FL 33062 8. The above named entity submits this statement for the purpo the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if appli FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 1 OFFICERS AND DIRECTOR 10. PSTD IIILE DOXEY, EDWARD A NAME 1901 W. TERRA MAR DRIVE STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ШЕ NAME STREET ADDRESS CUY-SI-ZIP TITLE NAME STREET ADDRESS CJIY-SI-/JP 31111 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY SI-71P

FILED Apr 09, 2007 08:00 AM Secretary of State

|) Address W. TERRA MAR DRIVE PANO BEACH FL 33062 | | | |
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| ng Address | | | |
| , Apt #, etc. | | 1st MOORE CR2E034 (10/06) | |
| & Stato | | 4. FEI Number 61-2717541 Applied For Not Applicable | |
| | Country | 5. Cortificate of Status Desired See Required \$8.75 Additional Fee Required | |
| d Agent | | 7. Name and Address of New Registered Agent | |
| | Name | | |
| | Street Addres | ss (P.O. Box Number is Not Acceptable) | |
| | 3,,0017,00101 | | |
| | | | |
| | City | FL Zip Code | |
| se of changing it | ts registered office or regi | stored agent, or both, in the State of Florida. I am familiar with, and accep | |
| | | | |
| cable. (NC | TE: Registered Agent signature req | ured when reinstating) DATE | |
| | | 9. Election Campaign Financing \$5.00 May Br Trust Fund Contribution Added to Fees | |
| , | | | |
| S Courts | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| | STREET ADDRESS | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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

CITY-ST-ZIP

(0/4) 942-6/81