2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108507

Entity Name: 2525 OLD FARM ROAD, INC.

FILED Jan 18, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1801 HERN	MITAGE BLVD SEE, FL 3230	, SUITE 600					
Current Mailing Address:				New Mailing Address:			
	MITAGE BLVD SSEE, FL 3230						
FEI Number:	75-2751396	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:	
1200 SOUT	ORATION SYS FH PINE ISLAN ON, FL 33324	ND ROAD					
The above in the State		submits this statement for the po	urpose o	of changing it	ts registered	office or registered agent, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt			Date	
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIREC	ΓORS:		ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SMITH, G A	Delete AL EXPWY, STE 800 237		Title: Name: Address: City-St-Zip:	FULTON, WII	TRAL EXPWY, STE 800	
Title: Name: Address: City-St-Zip:	HANSON, JENN	AL EXPWY, STE 800		Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVAS () SMITH, JEFFRE 1801 HERMITA TALLAHASSEE	GE BLVD #600		Title: Name: Address: City-St-Zip:	SMITH, JEFF 1801 HERMI	(X) Change()Addition REY TAGE BLVD #600 EE, FL 32308	
Title: Name: Address: City-St-Zip:	BENNETT, DOL	GE BLVD, SUITE 600		Title: Name: Address: City-St-Zip:	,	() Change () Addition	
Title: Name: Address: City-St-Zip:	FULTON, WILLI	AL EXPY, STE 800		Title: Name: Address: City-St-Zip:	GRAY, LYNN	TRAL EXPY, STE 800	
Title: Name: Address:	FARALDO, MAF	AL EXPRESSWAY #800		Title: Name: Address:	FARALDO, M	FRAL EXPRESSWAY #800	

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK P FARALDO VP 01/18/2007