

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


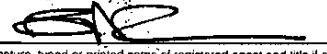
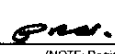

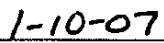
**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90111 004 \*\*\*150.00

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01102007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000002079					
1. Entity Name MICHAEL A. TRINKLER, P.A.					
Principal Place of Business 501 UNIVERSITY DR SUITE 101 CORAL SPRINGS, FL 33067			Mailing Address 501 UNIVERSITY DR SUITE 101 CORAL SPRINGS, FL 33067		
2. Principal Place of Business - No P.O. Box # <b>5501 UNIVERSITY DR.</b>		3. Mailing Address <b>5501 UNIVERSITY DR.</b>			
Suite, Apt. #, etc. <b>SUITE 101</b>		Suite, Apt. #, etc. <b>SUITE 101</b>			
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>			
Zip <b>33067</b>	Country <b>USA</b>	Zip <b>33067</b>	Country <b>USA</b>	4. FEI Number <b>65-0801911</b>	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  TRINKLER, MICHAEL A. 5501 UNIVERSITY DR #101 CORAL SPRINGS, FL 33067			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: 		SIGNATURE: 		DATE: <b>1-10-07</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRINKLER, MICHAEL A 5501 UNIVERSITY DR #101 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: 		SIGNATURE: 		DATE: <b>1-10-07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	