


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90126 039 \*\*\*150.00

DOCUMENT # P98000009125		
1. Entity Name CLIENT FIRST CORPORATION		

Principal Place of Business 2434 BRITANNIA ROAD SARASOTA, FL 34231-4916	Mailing Address 2434 BRITANNIA ROAD SARASOTA, FL 34231-4916
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2. Principal Place of Business - No P.O. Box # <b>5358 WELFLEET DR E</b>	3. Mailing Address <b>5358 WELFLEET DR E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SARASOTA, FL.</b>	City & State <b>SARASOTA, FL.</b>
Zip <b>34241</b>	Zip <b>34241</b>
Country <b>SARASOTA</b>	Country <b>SARASOTA</b>

6. Name and Address of Current Registered Agent  NOWAKOWSKI, GLENDA 2434 BRITANNIA ROAD SARASOTA, FL 34231-4916	
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07112007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3491842</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>5358 WELFLEET DR E.</b>	
City <b>SARASOTA</b>	FL Zip Code <b>34241</b>

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: <b>GLENDA NOWAKOWSKI PRESIDENT</b>	DATE: <b>7-14-07</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS NOWAKOWSKI, GLENDA 2434 BRITANNIA ROAD SARASOTA, FL 342314916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5358 WELFLEET DR.E. SARASOTA, FL. 34241</b> <input checked="" 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
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: <b>GLENDA NOWAKOWSKI PRESIDENT</b>	DATE: <b>7/14/07</b> Daytime Phone: <b>863-581-9902</b>