


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90054 001 \*\*\*150.00  
 02-07-2007 90054 002 \*\*\*\*\*8.75

<b>DOCUMENT # P98000012621</b>	
1. Entity Name <b>LEGAL PAPERS, INC.</b>	

Principal Place of Business <b>9725 N.W. 52ND STREET SUITE 405 MIAMI, FL 33178</b>	Mailing Address <b>9725 N.W. 52ND STREET SUITE 405 MIAMI, FL 33178</b>
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2. Principal Place of Business - No P.O. Box # <b>10578 N.W. 54 street</b>	3. Mailing Address <b>10578 N.W. 54 street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DORAL FLORIDA</b>	City & State <b>DORAL FLORIDA</b>
Zip <b>33178</b>	Zip <b>33178</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>SCIUTO, ANA M 9725 N.W. 52ND STREET SUITE 405 MIAMI, FL 33178</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCIUTO, ANA M</b>		NAME <b>SCIUTO, ANA M</b>	
STREET ADDRESS <b>9725 N.W. 52ND STREET</b>		STREET ADDRESS <b>10578 N.W. 54 street</b>	
CITY-ST-ZIP <b>MIAMI, FL 33178</b>		CITY-ST-ZIP <b>DORAL, FLORIDA 33178</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Ana Maria Sciuto* Director Feb 5, 2007 305-389-6508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #