2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023036

Entity Name: ADELE STEINBERGER, P.A.

VERO BEACH, FL 32960

City-St-Zip:

FILED Jan 03, 2007 Secretary of State

-		,				
Current Principal Place of Business:				New Principal Place of Business:		
	RYMORE CT ON, FL 334142	2155 US				
Current Mailing Address:				New Mailing Address:		
849 20TH S	NOVAK, CPA STREET CH, FL 32960	US	935 TURT	D NOVAK, CPA LE COVE LANE ACH, FL 32963	US	
FEI Number:	65-0811347	FEI Number Applied For ()	FEI Number Not App	licable () C	ertificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1517 BARR WELLINGT	GER, ADELE RYMORE CT ON, FL 33414	US				
The above in the State		bmits this statement for the pu	rpose of changing	its registered offic	e or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing 1	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D STEINBERGER, A 1517 BARRYMOF WELLINGTON, FI	RE CT	Title: Name: Address: City-St-Zip:	() Ch	nange () Addition	
Title: Name: Address:	S () D NOVAK, FRAN 849 20TH STREE		Title: Name: Address:	S (X) Ch NOVAK, FRAN 935 TURTLE COVE	nange()Addition E LANE	

City-St-Zip: VERO BEACH, FL 32963

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: FRAN NOVAK TREA 01/03/2007