

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 14, 2007 8:00 am
Secretary of State**

02-14-2007 90054 021 ***150.00

DOCUMENT # P98000080775		
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1. Entity Name
ERIC PRUITT, P.A.

Principal Place of Business
% HUFFMAN
350 ROYAL PALM WAY, #409
PALM BEACH, FL 33480

Mailing Address
% HUFFMAN
350 ROYAL PALM WAY, #409
PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052007 Chg-P CR2E034 (12/06)

40016906



4. FEI Number
65-0863340

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUFFMAN, KENT ESQ
350 ROYAL PALM WAY, #409
PALM BEACH, FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PRUIT, ERIC
STREET ADDRESS C/O HOFFMAN, 350 ROYAL PALM WAY, #409
CITY-ST-ZIP PALM BEACH, FL 33480

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ERIC PRUITT
STREET ADDRESS C/O HUFFMAN 350 ROYAL Palm Way #409
CITY-ST-ZIP PALM BEACH, FL 33480

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

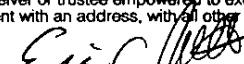
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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, without other like empowered.

SIGNATURE:


ERIC PRUITT

2/7/07 561-775-7833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #