

2007 FOR PROFIT CORPORATION ANNUAL REPORT


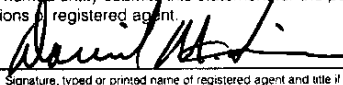
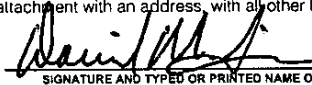
FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90101 040 ***158.75

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01232007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000101908 1. Entity Name DAVID M. LIESER & ASSOCIATES, INC.			
Principal Place of Business 161 SW 52ND STREET CAPE CORAL, FL 33914-7108		Mailing Address 161 SW 52ND ST CAPE CORAL, FL 33914-7108 US	
2. Principal Place of Business - No P.O. Box # 5507 CONCORD LOOP		3. Mailing Address 5507 CONCORD LOOP	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State NORTH FORT MYERS FL		City & State NORTH FORT MYERS FL	
Zip 33917-9024	Country US	Zip 33917-9024	Country US
4. FEI Number 65-0881158		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIESER, DAVID M 161 SW 52ND ST CAPE CORAL, FL 33914-7108		7. Name and Address of New Registered Agent Name DAVID M. LIESER Street Address (P.O. Box Number is Not Acceptable) 5507 CONCORD LOOP City NORTH FORT MYERS FL Zip Code 33917-9024	
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  DAVID M. LIESER PRESIDENT 1/24/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PSTD LIESER, DAVID M 161 SW 52ND ST CAPE CORAL, FL 339147108	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DAVID M. LIESER 5507 CONCORD LOOP NORTH FORT MYERS FL 33917-9024
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DAVID M. LIESER		1/24/2007 239-543-9345 <small>Date Daytime Phone #</small>	