2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 23, 2007 08:00 A Secretary of State **DOCUMENT # P99000001937** 1. Entity Name DAVID L. BRYANT, P.A. Principal Place of Business Mailing Address 4280 DOW RD., STE, 108 4280 DOW RD., STE, 108 MELBOURNE, FL 32934 MELBOURNE, FL 32934 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3553823 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRYANT, DAVID L DO NOT WRITE 4280 DOW RD., STE. 108 MELBOURNE, FL 32934 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BRYANT, DAVID L STREET ADDRESS 4280 DOW RD., STE. 108 CITY-ST-ZIP MELBOURNE, FL 32934 111LE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE

IN THIS SPACE

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12. I hereby certify that the information adpolied 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 gine like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS

CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SHANING OFFICER O