


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90016 027 \*\*\*150.00

<b>DOCUMENT # P99000021965</b> 1. Entity Name <b>JOEL A. ARMSTRONG &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>99 SE MIZNER BLVD APT 213 BOCA RATON, FL 33432</b>			Mailing Address <b>99 SE MIZNER BLVD APT 213 BOCA RATON, FL 33432</b>		
2. Principal Place of Business - No P.O. Box # <b>322 EAST CENTRAL BLVD</b>		3. Mailing Address <b>322 EAST CENTRAL BLVD</b>			
Suite, Apt. #, etc. <b>APT 1910</b>		Suite, Apt. #, etc. <b>APT 1910</b>			
City & State <b>ORLANDO, FLORIDA</b>		City & State <b>ORLANDO, FLORIDA</b>		4. FEI Number <b>65-0903855</b>	
Zip <b>32801</b>		Country <b>ORANGE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARMSTRONG, JOEL A 1626 E LAS ALOS BLVD FORT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent Name <b>JOEL ARMSTRONG</b> Street Address (P.O. Box Number is Not Acceptable) <b>322 EAST CENTRAL BLVD APT 1910</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32801</b>		
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 <u><i>Joel A. Armstrong</i></u> DATE <u><i>3/1/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reconstituting)</small>					
<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 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARMSTRONG, JOEL A</b> <input type="checkbox"/> Delete <b>99 SE MIZNER BLVD</b> <b>BOCA RATON, FL 33432</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOEL ARMSTRONG</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>322 EAST CENTRAL BOULEVARD</b> <b>ORLANDO, FLORIDA 32801</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. With all other like empowered.					
SIGNATURE: <u><i>Joel A. Armstrong</i></u> <b>JOEL A. ARMSTRONG</b> <u><i>3/1/07</i></u> <b>3/1/07</b> <b>561 239 2707</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					