

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049657

FILED
Apr 29, 2007
Secretary of State

Entity Name: LAW OFFICES OF JOHANNE VALOIS, P.A.

Current Principal Place of Business:

620 E. TWIGGS ST.
SUITE 309
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

620 E. TWIGGS ST.
SUITE 309
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3584708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALOIS, JOHANNE
620 E. TWIGGS ST.
SUITE 309
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

VALOIS-SHOFFSTALL, JOHANNE
620 E. TWIGGS ST.
SUITE 309
TAMPA, FL 33602 US

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.

SIGNATURE: JOHANNE VALOIS-SHOFFSTALL

04/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALOIS, JOHANNE
Address: 620 E. TWIGGS ST. SUITE 309
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VALOIS-SHOFFSTALL, JOHANNE
Address: 620 E. TWIGGS ST. SUITE 309
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify 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: JOHANNE VALOIS-SHOFFSTALL

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date