

Apr 20 07 02:21p

Anthony Donini CPA

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90281 028 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                              |                     |                                                                                                                                                                                                          |                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000088323</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                     |                                                                                                                                                                                                          |  |  |
| 1. Entity Name<br><b>CATHLEEN FISCHER PA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                              |                     |                                                                                                                                                                                                          |                                                                                   |  |
| Principal Place of Business<br><b>989 SEBASTIAN BLVD<br/>         SEBASTIAN, FL 32958</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                     | Mailing Address<br><b>P.O. BOX 781352<br/>         SEBASTIAN, FL 32978</b>                                                                                                                               |                                                                                   |  |
| 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                                                                                                                                                                                                  | 4. FEI Number<br><b>59-3605304</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                              |                     |                                                                                                                                                                                                          | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FISCHER, CATHY<br/>         989 SEBASTIAN BLVD<br/>         SEBASTIAN, FL 32958</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                              |                     | 7. Name and Address of New Registered Agent<br>Name <b>Fischer Cathy</b><br>Street Address (P.O. Box Number Not Acceptable) <b>1603 US Hwy 1</b><br><b>Sebastian FL 32958</b><br>City <b>FL</b> 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 <i>Cathy Fischer PA</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                     | Date <b>4/20/07</b>                                                                                                                                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         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>                                                                                      |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>FISCHER, CATHY<br>7955 91 AVE<br>VERO BEACH, FL 32967   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                        | <input checked="" type="checkbox"/> Delete                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>FISHER, CATHY<br>P.O. BOX 781352<br>SEBASTIAN, FL 32978 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                              |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                              |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                              |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                              |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-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, and 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: <i>Cathy Fischer PA</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                              |                     | Date <b>4/20/07</b>                                                                                                                                                                                      |                                                                                   |  |

40078397



04202007 Chg-P CR2E034 (12/06)