

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90034 015 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S15349			
1. Entity Name MARK A. SCHWAB & ASSOCIATES, INC.			
Principal Place of Business 10100 W SAMPLE ROAD SUITE 325 CORAL SPRINGS, FL 33065 US		Mailing Address 10100 W SAMPLE ROAD SUITE 325 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business - No P.O. Box # 6579 NW 128th Way		3. Mailing Address 6579 NW 128th Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Parkland FL		City & State Parkland FL	
Zip 33076	Country USA	Zip 33076	Country USA
4. FEI Number 65-0246872		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWAB, MARK A 10100 W SAMPLE ROAD SUITE 325 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6579 NW 128th Way City Parkland FL Zip Code 33076	
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:  Mark A. Schwab President 5/8/08 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHWAB, MARK A 10100 W SAMPLE ROAD, SUITE 325 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6579 NW 128th Way Parkland, FL 33076
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
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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:  President 5/8/08 (954) 346-3499 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			