



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # S72340 1. Entity Name KAREN D. FAULKNER, P.A.			
Principal Place of Business 2021 E. COMMERCIAL BLVD STE 207 FT LAUDERDALE, FL 33308 US		Mailing Address 2021 E. COMMERCIAL BLVD STE 207 FT LAUDERDALE, FL 33308 US	
DO NOT WRITE IN THIS SPACE			
		02142007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0289174	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 FAULKNER, KAREN D 2021 EAST CONNERCIAL BLVD. STE 207 FT LAUDERDALE, FL 33308		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000645126 03/02/07-80071-012 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	FAULKNER, KAREN D		
STREET ADDRESS	2021 EAST COMMERCIAL BLVD, STE. 207		
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		2/16/07 954 772-3666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	