

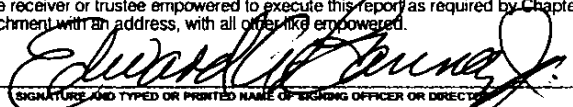


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |  |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
|--|--|--|---|------------------------------------|--|---|------------------|-------------|---------------------|-------|--|------|--|----------------|--|-------------|--|-------|--|------|--|----------------|--|-------------|--|-------|--|------|--|----------------|--|-------------|--|-------|--|------|--|----------------|--|-------------|--|---------------------------------------|--|
| <b>DOCUMENT # V16186</b><br>1. Entity Name<br><b>EDWARD A. HANNA, JR., P.A.</b>  |  |                                       | <b>FILED</b><br><br>07 APR 30 PM 4:24<br><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA<br><br><br><br>04162007    No Chg-P    CR2E034 (11/05)  |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| Principal Place of Business<br><b>3864 SHERIDAN ST<br/>HOLLYWOOD, FL 33021    US</b>   |  | Mailing Address<br><b>3864 SHERIDAN ST<br/>HOLLYWOOD, FL 33021    US</b>   |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number<br/><b>65-0491820</b></td><td style="width: 20%;">Applied For<br/><input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table> | 4. FEI Number<br><b>65-0491820</b> | Applied For<br><input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| 4. FEI Number<br><b>65-0491820</b>   | Applied For<br><input type="checkbox"/> Not Applicable |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| 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>HANNA, EDWARD A JR<br/>3864 SHERIDAN ST.<br/>HOLLYWOOD, FL 33021</b>   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td style="width: 85%;">D</td></tr><tr><td>NAME</td><td>HANNA, EDWARD A JR</td></tr><tr><td>STREET ADDRESS</td><td>3864 SHERIDAN ST</td></tr><tr><td>CITY-ST-ZIP</td><td>HOLLYWOOD, FL 33021</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table> |  | TITLE  | D   | NAME                               | HANNA, EDWARD A JR                                     | STREET ADDRESS  | 3864 SHERIDAN ST | CITY-ST-ZIP | HOLLYWOOD, FL 33021 | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | TITLE |  | NAME |  | STREET ADDRESS |  | CITY-ST-ZIP |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |  |
| TITLE  | D  |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| NAME   | HANNA, EDWARD A JR                                     |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| STREET ADDRESS   | 3864 SHERIDAN ST                                       |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| CITY-ST-ZIP  | HOLLYWOOD, FL 33021                                    |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| TITLE  |  |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| NAME   |  |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| STREET ADDRESS   |  |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| CITY-ST-ZIP  |  |  |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |
| 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:    |  | 4-16-07 (954) 893-7030   |   |                                    |  |   |                  |             |                     |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |       |  |      |  |                |  |             |  |                                       |  |