


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # V33962	
1. Entity Name EXECUTIVE REPORTERS, INC.	

Principal Place of Business 233 EAST BAY STREET 1113 BLACKSTONE BLDG JACKSONVILLE, FL 32202 US	Mailing Address 233 EAST BAY STREET 1113 BLACKSTONE BLDG JACKSONVILLE, FL 32202 US
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04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3129083	Applied For <input type="checkbox"/> Not Application
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, JOAN Z. 233 EAST BAY STREET 1113 BLACKSTONE BLDG JACKSONVILLE, FL 32202
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**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 _____
Signature, typed or printed name of registered agent and fee application. (NOTE: Registered Agent signature required when reapplying.) DATE _____

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	000000755462 05/22/07-80102-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FERNANDEZ, JOAN Z. 233 E BAY ST, 1113 BLACKSTONE BLDG JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CASHMAN, ELISE 1662 PARK TERRACE W ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FERNANDEZ, EDWARD JOHN 1174 POPOLEE RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Joan Fernandez* *Joan Fernandez* *4/30/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Yr