


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90083 049 ***150.00

DOCUMENT # V70198 1. Entity Name DIBARTOLOMEIO, MCBEE, HARTLEY & BARNES, P.A.	
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Principal Place of Business 2222 COLONIAL ROAD SUITE 200 FORT PIERCE, FL 34950	Mailing Address 2222 COLONIAL ROAD SUITE 200 FORT PIERCE, FL 34950
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DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0361148	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

DE BARTOLOMEIO, GERALD JR
2222 COLONIAL RD #200
FORT PIERCE, FL 34950

**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 _____

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	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIBARTOLOMEIO, G.A., JR. 2222 COLONIAL ROAD #200 FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCBEE, JAY 2222 COLONIAL RD, #200 FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARTLEY, JAMES 2222 COLONIAL RD #200 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, MARK 2222 COLONIAL RD #200 FORT PIERCE, FL 34950
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:  1-25-07 772-461-8833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #