

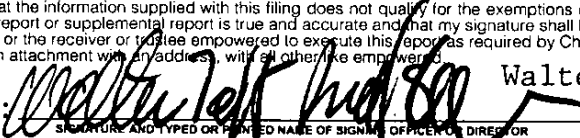


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90121 038 ***150.00

DOCUMENT # 602574 1. Entity Name BRADSHAW & ASSOCIATES, P.A.					
Principal Place of Business 4337 SEAGRAPE DRIVE LAUDERDALE-BY-THE-SEA, FL 33308			Mailing Address 4337 SEAGRAPE DRIVE LAUDERDALE-BY-THE-SEA, FL 33308		
2. Principal Place of Business - No P.O. Box # 1001 NW 62nd St.		3. Mailing Address 1001 NW 62nd St.		 04222008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. Suite 114		Suite, Apt. #, etc. Suite 114			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL			
Zip 33309		Zip 33309			
Country USA		Country USA		4. FEI Number 59-1308435	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRADSHAW, WALTER TAFT 4337 SEAGRAPE DRIVE LAUDERDALE-BY-THE-SEA, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADSHAW, WALTER TAFT 4337 SEAGRAPE DRIVE LAUD-BY-THE-SEA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRADSHAW, NANCY 4337 SEAGRAPE DRIVE LAUD-BY-THE-SEA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 empowerment.					
SIGNATURE:  Walter Taft Bradshaw <div style="display: flex; justify-content: space-between;"> 4-23-08 954-772-0724 </div>					