2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# 231846

Entity Name: MOCK, ROOS & ASSOCIATES, INC.

Current Principal Place of Business:

5720 CORPORATE WAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5720 CORPORATE WAY
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 59-0878800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ZIMMERMAN, DALE WM
5720 CORPORATE WAY
WEST PALM BCH., FL 334079004 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CMP ( ) Delete
Name: ZIMMERMAN, DALE WM
Address: 5720 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 334079004

Title: SD ( ) Delete
Name: MCCRAY, DEBRA C
Address: 5720 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 334079004

Title: VD ( ) Delete
Name: BIGGS, THOMAS A
Address: 5720 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 334079004

Title: TD ( ) Delete
Name: FORD, JOHN P
Address: 5720 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 334079004

Title: V ( ) Delete
Name: CLODFELTER, MARY H
Address: 5720 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 334079004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: CLODFELTER, MARY H
Address: 5720 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 334079004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA C MCCRAY SD 03/28/2006

Electronic Signature of Signing Officer or Director — Date