


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F0000005445 1. Entity Name MAZZETTI & ASSOCIATES, INC.	
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Principal Place of Business 530 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94108	Mailing Address 530 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94108
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DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-1722463	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, WAYNE
3001 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32207

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VERNON, WALTER N PE 530 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAPPAS, JOHN M PE 530 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSTROY, ALBERT 530 BUSH STREET, SUITE 300 SAN FRANCISCO, CA 94108
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IN THIS SPACE**

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05/23/05-80005-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  _____ Date: 3-24-2005 Daytime Phone #: 415 362. 3266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR