

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000001788  
 1. Entity Name  
 AMALFI ASSOCIATES, INC.



Principal Place of Business: 12 GILFORD EAST DRIVE, GILFORD, NH 03246  
 Mailing Address: 12765 FOREST HILL BLVD SUITE 1302, WELLINGTON, FL 33414



02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 04-2705704 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MARIO G. DE MENDOZA, III, P.A.  
 12765 FOREST HILL BLVD STE 1302  
 WEST PALM BEACH, FL 33414

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMALFITANO, MICHAEL L
STREET ADDRESS	12 GILFORD EAST DRIVE
CITY-ST-ZIP	GILFORD, NH 03246
TITLE	S
NAME	HONIG, STEPHEN M
STREET ADDRESS	265 FRANKLIN STREET
CITY-ST-ZIP	BOSTON, MA 021103192
TITLE	T
NAME	MESSINA, JOSEPH
STREET ADDRESS	73 PARK AVENUE
CITY-ST-ZIP	BLOOMFIELD, NJ 07003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000525521  
 05/04/06-80033-012 150.00

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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 or other like empowered.

SIGNATURE: *[Signature]* Michael L. Amalfitano, Pres. *[Signature]*  
 \_\_\_\_\_ Date: 4/12/06 Daytime Phone # \_\_\_\_\_