2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003225

City-St-Zip:

BURLINGANVE, CA 94010

Entity Name: BLUNK DEMATTEI ASSOCIATES, INC.

FILED May 01, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	SHORE HWY, #300 ANVE, CA 94010			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	SHORE HWY, #300 ANVE, CA 94010			
FEI Number	: FEI Number Applied For () FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		nt: Name and Address o	Name and Address of New Registered Agent:	
1200 SOU	PORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324 US			
	named entity submits this statement for e of Florida.	r the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	ed Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution (
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CT () Delete BLUNK, ROBERT M 1555 BAYSHORE HWY, #300 BURLINGANVE, CA 94010	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () Delete DEMATTEI, ANTHONY J 1555 BAYSHORE HWY, #300 BURLINGANVE, CA 94010	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DVPS () Delete EASON, CHANDLER S III 1555 BAYSHORE HWY, #300	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ROBERT M. BLUNK CT 05/01/2006