2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005807

Entity Name: BANK OF AMERICA CORPORATION

Current Principal Place of Business: 100 N TRYON ST
CHARLOTTE, NC  28255

New Principal Place of Business: 

Current Mailing Address: 401 N TRYON ST
NC1-021-02-20
CHARLOTTE, NC  28255

New Mailing Address: 

FEI Number: 56-0906609  FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent: C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL  33324  US

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: P/D  ( ) Delete  Title:  ( ) Change ( ) Addition

Name: LEWIS, KENNETH D
Address: 401 N TRYON ST  NC1-021-02-20
City-St-Zip: CHARLOTTE, NC  28255

Title: DIR  ( ) Delete

Name: COKER, CHARLES W
Address: 401 N TRYON ST  NC1-021-02-20
City-St-Zip: CHARLOTTE, NC  28255

Title: SVP  ( ) Delete

Name: MAYS, SUSAN D
Address: 401 N TRYON ST  NC1-021-02-20
City-St-Zip: CHARLOTTE, NC  28255

Title: SEC  ( ) Delete

Name: CUMMINGS, RACHEL R
Address: 401 N TRYON ST  NC1-021-02-20
City-St-Zip: CHARLOTTE, NC  28255

Title: CFO  ( ) Delete

Name: OKEN, MARC D
Address: 401 N TRYON ST  NC1-021-02-20
City-St-Zip: CHARLOTTE, NC  28255

Title: D  ( ) Delete

Name: SPANGLER, MEREDITH R
Address: 401 N TRYON ST  NC1-021-02-20
City-St-Zip: CHARLOTTE, NC  28255

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:  ( ) Change ( ) Addition

Name: 
Address: 
City-St-Zip: 

Title: SEC  (X) Change ( ) Addition

Name: MOSTYN, WILLIAM J III
Address: 401 N TRYON ST  NC1-021-02-20
City-St-Zip: CHARLOTTE, NC  28255

Title: CFO  (X) Change ( ) Addition

Name: DD MOLINA, ALVARO G.
Address: 401 N TRYON ST  NC1-021-02-20
City-St-Zip: CHARLOTTE, NC  28255

Title:  ( ) Change ( ) Addition

Name: 
Address: 
City-St-Zip: 

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: SUSAN D MAYS SVP

Electronic Signature of Signing Officer or Director Date

04/18/2006