



# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # G13558</b> 1. Entity Name <b>JIM MORAN &amp; ASSOCIATES, INC.</b>						<b>FILED</b>  2006 JUL -3 PM 3:55  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>500 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442 US</b>				Mailing Address <b>100 JIM MORAN BLVD. LEGAL DEPT: MAIL DROP JMDF018 DEERFIELD BEACH, FL 33442 US</b>			
2. Principal Place of Business		3. Mailing Address				06062006    Chg-P    CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>59-2237692</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MORAN, PATRICIA G</b>			NAME			
STREET ADDRESS	<b>100 JIM MORAN BLVD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROWN, COLIN W</b>			NAME			
STREET ADDRESS	<b>100 JIM MORAN BLVD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEERFIELD, FL 33442</b>			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FEAGLES, LOUIS R</b>			NAME			
STREET ADDRESS	<b>100 JIM MORAN BLVD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>			CITY-ST-ZIP			
TITLE	COOD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CURRAN, WILLIAM F</b>			NAME	<b>SVPCOOD</b>		
STREET ADDRESS	<b>100 JIM MORAN BLVD.</b>			STREET ADDRESS	<b>CURRAN, WILLIAM F</b>		
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>			CITY-ST-ZIP	<b>100 JIM MORAN BLVD.</b>		
TITLE	VDAT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCWILLIAMS, DONNA C</b>			NAME	<b>500077085685</b>		
STREET ADDRESS	<b>100 JIM MORAN BLVD.</b>			STREET ADDRESS	<b>07/06/06--01046--001 **\$1.25</b>		
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>			CITY-ST-ZIP			
TITLE	VPGC	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GUTTUSO, MARIA K</b>			NAME	<b>YVCS</b>		
STREET ADDRESS	<b>100 JIM MORAN BLVD.</b>			STREET ADDRESS	<b>GUTTUSO, MARIA K</b>		
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>			CITY-ST-ZIP	<b>100 JIM MORAN BLVD</b>		
				CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>		
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 all other like empowered.							
SIGNATURE: <i>Maria K Guttuso</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>MARIA K GUTTUSO</b> <b>VICE PRESIDENT, GENERAL COUNSEL &amp; SECRETARY</b> <small>Date</small>			