2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED. Jan 20, 2006 08:00 AN DOCUMENT # K77127 1. Entity Name 🗸 🍍 **Secretary of State** CEASAR ASSOCIATES, INC. Mailing Address Principal Place of Business 140 BEACON LN 836 INDIAN TOWN ROAD JUPITER, FL 33469 JUPITER, FL 33548 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0117249 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDERSON, TIMOTHY K. DO NOT WRITE 105 S NARCISSUS AVE, STE, 701 CITIZENS BLDG. IN THIS SPACE WEST PALM BCH, FL 33401 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 18. TITLE PALAZZOLO, CEASAR NAME 140 BEACON LN. STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33469 TITLE U00000392969 01/25/06-80002-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-IIP

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 eath; 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 chapted or on a statement with an address, with all of the like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

56/-222-9460 Daytine Phone #