2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Richard

Mar 14, 2006 8:00 am **Secretary of State DOCUMENT # P04000076549** 1. Entity Name 03-14-2006 90023 023 ***150.00 LUKE ASSOCIATES, INC. Principal Place of Business Mailing Address 2555 NORTH COURTENAY PARKWAY 2555 NORTH COURTENAY PARKWAY SUITE 20 SUITE 30 MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 2. Principal Place of Business 3. Mailing Address 3401 N. Courte Suite, Apt. #, etc. Suite, Apt. #, etc 03022006 CR2E034 (11/05) Chg-P Suite 4A Suite City & State 4. FEI Number Applied For City & State Merrit 20-1117185 Not Applicable s/ana Country Zip \$8.75 Additional 5. Certificate of Status Desired Brevard Grevard Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, RICHARD (P.O. Box Number is Not Acceptable) 2555 NORTH COURTENAY PARKWAY SUITE 30 MERRITT ISLAND, FL 32953 Zip Code 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 RICHARD Hall, CFO, DIC. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE NAME STREET-ADORESS Delete TITLE Hall, Richard 3401, N. Courtenay Phuy, Ste. 4A HALL, RICHARD NAME 2555 COURTENAY PARKWAY, SUITE 30 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND, FL 32953 TITLE ☐ Delete TITLE Barfield, James NAME NAME 3401 N. Courtenay Ptwy, Ste. 4A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Merritt Island. ☐ Change TITLE ☐ Delete TITLE NAME NAME 3401 N. Courteray PKWY, Ste, 4A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED