
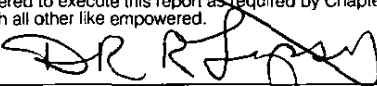


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90024 038 ***150.00

| | | | |
|--|--|--|---|
| DOCUMENT # J20418 1. Entity Name LIPSEY AND ASSOCIATES, INC. | |  | |
| Principal Place of Business 1400 PRUDENTIAL DR SUITE 7 JACKSONVILLE, FL 32207 US | | Mailing Address 1400 PRUDENTIAL DR SUITE 7 JACKSONVILLE, FL 32207 US | |
| 2. Principal Place of Business 550 WATER STREET SUITE 1230 JACKSONVILLE, FL 32202 | | 3. Mailing Address 550 WATER STREET SUITE 1230 JACKSONVILLE, FL 32202 | |
| Zip 32202 Country US | | 4. FEI Number 59-2691698 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BRYANT, CECILIA 1400 PRUDENTIAL DR SUITE 7 JACKSONVILLE, FL 32207 | | 7. Name and Address of New Registered Agent <i>new address</i> CECILIA BRYANT, P.A. 550 WATER STREET SUITE 1230 JACKSONVILLE, FLORIDA 32202 | |
| 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. | | Zip Code | |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST LIPSEY, RICHARD 1400 PRUDENTIAL DR 7 JACKSONVILLE, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Richard E. Lipsey 550 WATER STREET SUITE 1230 JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | 1-24-06 904-398-2168 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |