

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 401920

FILED  
Feb 01, 2006  
Secretary of State

Entity Name: O.R. COLAN ASSOCIATES, INC.

**Current Principal Place of Business:**

439 NE 7TH AVENUE  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

439 NE 7TH AVENUE  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 59-1397236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: ST ( ) Delete  
Name: SHELTON, JOHN L  
Address: 6551 NE 20TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: CFO ( ) Delete  
Name: NASH, THOMAS J  
Address: 8723 NW 82ND STREET  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: MERRYMAN, ROBERT N  
Address: 31 TOPPING LANE  
City-St-Zip: ST. LOUIS, MO 63131

Title: PCEO ( ) Delete  
Name: AMMAR, KAREN  
Address: 4201 N. OCEAN DR., APT. 206  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP ( ) Delete  
Name: PLUTA, THEODORE M  
Address: 650 BELLA VISTA COURT SOUTH  
City-St-Zip: JUPITER, FL 33477

Title: VP ( ) Delete  
Name: SINGLETARY, DELORES J  
Address: 5641 N.E. RIVER ROAD  
City-St-Zip: CHICAGO, IL 60656

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KAREN AMMAR

PCEO

02/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date