


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90018 049 \*\*\*150.00

DOCUMENT # F02000005545			
1. Entity Name ANDERSON, ALEX & ASSOCIATES, INC.			
Principal Place of Business 11 RAY AVE. BURLINGTON, MA 01803		Mailing Address 11 RAY AVE. BURLINGTON, MA 01803	
2. Principal Place of Business 67 Batterymarch St Suite, Apt. #, etc.		3. Mailing Address 67 Batterymarch St Suite, Apt. #, etc.	
City & State Boston MA		City & State Boston MA	
4. FEI Number 01122006 Chg-P CR2E034 (11/05)		Applied For Not Applicable	
4. FEI Number 04-3521490		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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	DP ALEX, JAMES C 11 RAY AVE. BURLINGTON, MA 01803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 67 Batterymarch St Boston MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ANDERSON, BRYAN W 11 RAY AVE. BURLINGTON, MA 01803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 67 Batterymarch St Boston MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AXELROD, CARL E %BROWN RUDNICK ET AL, ONE FINANCIAL CENTER BOSTON, MA 02111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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 or empowered.			
SIGNATURE: _____		Date: 1/30/06 Daytime Phone #: (617) 299-3635	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael J Piccirillo COO			