

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05938

Entity Name: THE CELEDINAS AGENCY, INC.

FILED  
Feb 27, 2006  
Secretary of State

## Current Principal Place of Business:

% RAY S. CELEDINAS  
4259 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

## Current Mailing Address:

% RAY S. CELEDINAS  
4259 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

% RAY S. CELEDINAS  
4283 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

% RAY S. CELEDINAS  
4283 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0021294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CELEDINAS, RAY S.  
4259 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

CELEDINAS, RAY S.  
4283 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

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: RAY S. CELEDINAS

02/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CELEDINAS, RAY S.,  
Address: 18869 SE WINDWARD ISLAND LANE  
City-St-Zip: JUPITER, FL 33458

Title: VP ( ) Delete  
Name: CELEDINAS, KIM R  
Address: 18869 SE WINDWARD ISLAND LANE  
City-St-Zip: JUPITER, FL 33458

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CELEDINAS, RAY S.,  
Address: 712 HARBOUR ISLES WAY  
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: VP (X) Change ( ) Addition  
Name: CELEDINAS, KIM R  
Address: 712 HARBOUR ISLES WAY  
City-St-Zip: NORTH PALM BEACH, FL 33410

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: RAY S. CELEDINAS

P

02/27/2006

Electronic Signature of Signing Officer or Director

Date