2006 FOR PROFIT CORPORATION

May 03, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2006 90221 030 ***150.00 **DOCUMENT # F02000004822** STEVE FERGUSON & ASSOCIATES, INC. Principal Place of Business Mailing Address 10707 66THST. N., STE D 10707 66THST. N., STE D PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33782 No Chg-P CR2E034 (11/05) 04252006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2165820 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERGUSON, STEVE DO NOT WRITE 10707 66TH ST. N., SUITE D PINELLAS PARK, FL 33782 IN THIS SPACE 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 Signature, typed or printed name of registered agent and tide 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 10. OFFICERS AND DIRECTORS PCD TITLE FERGUSON, STEVE NAME 10707 66TH ST. N., STE D STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33782 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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