


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 129560</b>		
1. Entity Name <b>FIDELIS CORPORATION</b>		
Principal Place of Business <b>100 SE 2 ST STE 2370 MIAMI, FL 33131 US</b>		Mailing Address <b>100 SE 2 ST STE 2370 MIAMI, FL 33131 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01182006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-0241300</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>ALLEN, JOELLE M 100 SE 2ND STREET STE 2370 MIAMI, FL 33131</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM RICKARD, BARBARA A 100 SE 2 STREET, SUITE 2370 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POST, THOMAS R 100 S.E. 2ND ST., STE 2370 MIAMI, FL 331312127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REITER-FARAGALLI, ROBIN 100 S.E. 2ND ST., STE 2370 MIAMI, FL 331312127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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 persons empowered.		
SIGNATURE: <i>Barbara A. Rickard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>04/07/2006 (905) 373-1386</b> <small>Date Daytime Phone #</small>

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04/26/06-80056-006 150.00

**DO NOT WRITE  
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