


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 341854 1. Entity Name 22-EAST ADVERTISING AGENCY, INC.	
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Principal Place of Business 22 E FLAGLER ST MIAMI, FL 33131	Mailing Address %FEDERATED CORPORATE SERVICES, INC. 7 WEST SEVENTH STREET CINCINNATI, OH 45202 US
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06 APR 19 AM 8:56

FLORIDA STATE
TALLAHASSEE, FLORIDA



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 80-0081436	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/28/06--01035--006 **1800.00
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10. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	DENNIS J. BRODERICK
STREET ADDRESS	7 WEST SEVENTH STREET
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	S
NAME	CARIAPPA, PADMA T
STREET ADDRESS	7 WEST SEVENTH STREET
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	VPT
NAME	KAREN M. HOGUET
STREET ADDRESS	7 WEST SEVENTH STREET
CITY-ST-ZIP	CINCINNATI, OH
TITLE	AS
NAME	COX, JACK B
STREET ADDRESS	7 W. 7TH STRET
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 empowered.

SIGNATURE:  Jack B. Cox, Asst. Secretary 4/15/06 (513) 579-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR