2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 343659

Entity Name: WAKELY AND ASSOCIATES INC.

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
SUITE 1100	GARDEN AVE) TER, FL 3375{					
Current Mailing Address:		New Mailin	New Mailing Address:			
33 NORTH GARDEN AVENUE SUITE 1100 CLEARWATER, FL 337556606						
FEI Number: 59-1235891 FEI Number Applied For () FEI Nu		FEI Number Not Appli	licable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
GOLD, AAR 704 WEST TAMPA, FL	STREET					
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:						
	Electronic	Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DIR () E GORDON, RICK 59 WILDERNESS WHITE, GA 3018	S CAMP RD.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPSD () E BISCOGLIA, RAN 524 BELLE ISLE BELLEAIR BEAC	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PCTD ()[ANTHONY, JOHN 1580 GULF BLVI BELLEAIR SHOR	o .	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	DIR () I MORROW, ROB 347 MT. ALTO R ROME, GA 3016	ERT G D. SW	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	VP ()[SAMPLES, WAL 1818 HARBOR O LARGO, FL 337	IRCLE WEST	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	VPD () E PRICE, DOUGLA 1550 RIDGE TOF TARPON SPRING	PDRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PRICE, DOUGLAS M 1550 RIDGE TOP DRIVE TARPON SPRINGS, FL 34688		

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: JOHN J ANTHONY PCTD 04/12/2006