FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90013 033 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 454758

1. Entity Name
JOHN A. DACY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
177 OCEAN LANE DR 708 KEY BISCAYNE, FL 33149-1540 US	177 OCEAN LANE DR 708 KEY BISCAYNE, FL 33149-1540 US

DO NOT WRITE IN THIS SPACE

03112006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1681313

☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DACY, JOHN A
177 OCEAN LANE DR.
APT 708
KEY BISCAYNE, FL 33149

DO NOT WRITE 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DACY, JOHN A.
STREET ADDRESS	280 CRANDON BLVD SUITE 32-115
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	ADDRESS CORRECTION
NAME	PMB 115
STREET ADDRESS	160 ~~CRANDON~~ BLVD, SUITE 32
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: John A. Dacy MAR 20 2006 305-448-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #