


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Mar 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # 468104			
1. Entity Name CLYDE GAYLE & ASSOCIATES, INC.			
Principal Place of Business 1091 SW BROMGLIA TER STUART FL 34997		Mailing Address 1091 SW BROMGLIA TER STUART FL 34997	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROBERG, PETER 223 PERUVIAN AVENUE PALM BEACH FL 33480		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
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 renouncing)			



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1594415** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May be Added to Fees
Trust Fund Contribution

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GAYLE, DENNIS M			NAME			
STREET ADDRESS	1459B INDIGO LAKES CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34119			CITY-ST-ZIP			
TITLE	PT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GAYLE, CLYDE G			NAME			
STREET ADDRESS	1091 SW BROMELIA TERR			STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GAYLE, ELIZABETH			NAME			
STREET ADDRESS	1091 SW BROMELIA TERR			STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GAYLE, CLYDE G			NAME			
STREET ADDRESS	1091 SW BROMELIA TERR			STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000463212
03/25/06-80020-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Clyde Gayle **CLYDE GAYLE** 3/14/2006 772-781-2660