



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 542840			
1. Entity Name CIEGA INCORPORATED			
Principal Place of Business 4410 35TH STREET NORTH P.O. BOX 60456 ZIP:33784 ST. PETERSBURG, FL 33714		Mailing Address 4410 35TH STREET NORTH P.O. BOX 60456 ZIP:33784 ST. PETERSBURG, FL 33714	
DO NOT WRITE IN THIS SPACE			
		07052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1760002	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKINNEY, FRANK ALBERT 4410 35TH STREET NORTH ST. PETERSBURG, FL 33714		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000569202 07/11/06-80016-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKINNEY, FRANK ALBERT 4410 35TH ST. NORTH ST. PETERSBURG, FL 33714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKINNEY, JOAN GERDTS 3928 46TH AVE. SOUTH ST. PETERSBURG, FL 33711		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINNEY, STUART C. 2301 51ST STREET SOUTH GULFPORT, FL 33707		
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 like empowered.			
SIGNATURE: <u><i>Frank McKinney</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>Jul 6, 2006</u>	Daytime Phone # <u>(727) 560-8777</u>