


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 628570	
1. Entity Name TONY COPPOLA ASSOCIATES, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 15 PM 1:15

Principal Place of Business 8575 S.HWY.17/92 MAITLAND, FL 32751	Mailing Address 8575 S.HWY.17/92 MAITLAND, FL 32751
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2. Principal Place of Business 8675 North Orlando Avenue Suite, Apt. #, etc.	3. Mailing Address 8675 North Orlando Avenue Suite, Apt. #, etc.
City & State Maitland, Florida 32751	City & State Maitland, Florida 32751
Zip Country	Zip Country

04252006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1927724	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 COPPOLA, JEANNETTE M 8575 S. HWY 17-92 MAITLAND, FL 32751	
7. Name and Address of New Registered Agent Name Roger Judski Street Address (P.O. Box Number is Not Acceptable) 8675 North Orlando Avenue City Orlando FL Zip Code 32751	

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 ROGER JUDSKI DATE 4-28-2006

Signature typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS COPPOLA, JEANNETTE 919 LEWIS PL LONGWOOD, FL 33750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Secretary Roger Judski 8675 North Orlando Avenue Maitland, Florida 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPOLA, DEAN M 325 APALOOSA DRIVE SANFORD, FL 32773 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100075295701 04/25/06--01003--015 ***\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100075295701 05/26/06--01003--015 ***\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/26/06--01003--015 ***\$61.25 100075295701 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROGER JUDSKI DATE 4-28-2006 DAYTIME PHONE # 407 628-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR