

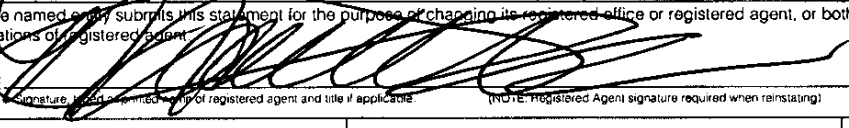
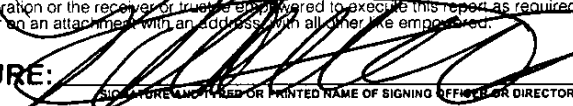


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90434 027 ***158.75

DOCUMENT # 681938 1. Entity Name KAMMERUDE AND ASSOCIATES, INC.					
Principal Place of Business 106 LINCOLN AVENUE CAPE CANAVERAL, FL 32920			Mailing Address 106 LINCOLN AVENUE CAPE CANAVERAL, FL 32920		
2. Principal Place of Business 106 LINCOLN AVENUE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 248 CORAL DRIVE <small>Suite, Apt. #, etc.</small>		 04202006 Chg-P CR2E034 (11/05)	
City & State CAPE CANAVERAL, FL		City & State CAPE CANAVERAL, FL			
Zip 32920		Country BREVAED			
Zip 32920		Country BREVARD			
4. FEI Number 59-2019496				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAMMERUDE, STANLEY 106 LINCOLN AVENUE CAPE CANAVERAL, FL 32920			7. Name and Address of New Registered Agent Name MARY KAMMERUDE Street Address (P.O. Box Number is Not Acceptable) 248 CORAL DRIVE City CAPE CANAVERAL FL Zip Code 32920		
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  4/24/06 DATE <small>(Signature, if not printed name of registered agent and title if applicable. (None) Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME KAMMERUDE, STANLEY STREET ADDRESS 248 CORAL DRIVE CITY-ST-ZIP CAPE CANAVERAL, FL	<input checked="" type="checkbox"/> Delete		TITLE P/D/S/T NAME MARY KAMMERUDE STREET ADDRESS 248 CORAL DRIVE CITY-ST-ZIP CAPE CANAVERAL, FLORIDA 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST NAME KAMMERUDE, MARY STREET ADDRESS 248 CORAL DRIVE CITY-ST-ZIP CAPE CANAVERAL, FL	<input checked="" type="checkbox"/> Delete		TITLE D NAME JEFFERY D. KAMMERUDE STREET ADDRESS 248 CORAL DRIVE CITY-ST-ZIP CAPE CANAVERAL, FLORIDA 32920	<input type="checkbox"/> Change <input checked="" 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	
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: 			Date 4/24/06 Daytime Phone # 321-783-6620		