2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 854635

Title:

Name:

Address:

City-St-Zip:

CFO

() Delete

MELEAR, CONNIE M MRS

4262 WATERSTON CTYD

EVANS, GA 30809

FILED Jan 16, 2006 Secretary of State

Entity Name: R. W. ALLEN AND ASSOCIATES, INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
2205 HIGH AUGUSTA,							
Current Mailing Address:			New Maili	New Mailing Address:			
2205 HIGHLAND AVE. AUGUSTA, GA 30904				PO BOX 3925 AUGUSTA, GA 30914			
FEI Number:	58-1277101	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	(X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US							
The above in the State		bmits this statement for the pu	rpose of changing i	ts registered of	fice or registered agent, o	or both,	
SIGNATURE:							
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().							
, ,				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () E ALLEN, RICHARE 2237 PICKENS R AUGUSTA, GA		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VP () E ALLEN, ROBIN R 2237 PICKENS R AUGUSTA, GA	· · · · · · · · · · · · · · · · · · ·	Title: Name: Address: City-St-Zip:	VP (X) ALLEN, ROBIN I 2237 PICKENS AUGUSTA, GA			
Title: Name: Address: City-St-Zip:	VP () E CLARK, SCOTT A 714 COVE SPRIM MARTINEZ, GA	IGS DR	Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

CFO

MELEAR, CONNIE M

EVANS, GA 30809

4262 WATERSTON CTYD

(X) Change () Addition

SIGNATURE: CONNIE M. MELEAR CFO 01/16/2006