


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000005015 1. Entity Name GOODY, CLANCY & ASSOCIATES, INC.	
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Principal Place of Business 334 BOYLSTON STREET BOSTON, MA 02116	Mailing Address 334 BOYLSTON STREET BOSTON, MA 02116
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2301242	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 CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODY, JOAN E 334 BOYLSTON STREET BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODING, GEOFF 334 BOYLSTON STREET BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOLDSTEIN, ROGER N 334 BOYLSTON STREET BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNN, JAMES T 334 BOYLSTON STREET BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXON, DAVID 334 BOYLSTON STREET BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROON, JEAN 334 BOYLSTON STREET BOSTON, MA 02116

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02/08/06-80059-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: James T. Dunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T. Dunn

Date 1/23/2006 Daytime Phone #