2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# F01000004332

Entity Name: CONNOLLY CONSULTING ASSOCIATES, INC.

Current Principal Place of Business:

950 EAST PACES FERRY RD
#925
ATLANTA, GA 30326

New Principal Place of Business:

Current Mailing Address:

50 DANBURY RD
1ST FLOOR
WILTON, CT 06897

New Mailing Address:

FEI Number: 58-2272199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALEXANDER, ELIZABETH C
Address: 50 DANBURY RD
City-St-Zip: WILTON, CT 06897

Title: CEO ( ) Delete
Name: CONNOLLY, JOHN L
Address: 950 EAST PACES FERRY RD
City-St-Zip: ATLANTA, GA 30326

Title: CIO ( ) Delete
Name: ALEXANDER, ROBERT
Address: 50 DANBURY RD
City-St-Zip: WILTON, CT 06897

Title: CFO ( ) Delete
Name: FORD, CHRISTOPHER M
Address: 50 DANBURY RD
City-St-Zip: WILTON, CT 06897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHRISTOPHER M. FORD CFO 07/10/2006

Electronic Signature of Signing Officer or Director — Date