

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002541

Entity Name: FANIZZI ASSOCIATES, INC.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

2455 E. SUNRISE BOULEVARD
SUITE 400
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

100 WOODBRIDGE CENTER DRIVE
SUITE 202
WOODBIDGE, NJ 07095

New Mailing Address:

FEI Number: 73-1641423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEO () Delete
Name: ABDALLA, JOSEPH
Address: 1000 WYCOFF AVENUE
City-St-Zip: MAHWAH, NJ 07430

Title: PRES () Delete
Name: ABDALLA, JOSEPH
Address: 1000 WYCOFF AVENUE
City-St-Zip: MAHWAH, NJ 07430

Title: ASEC () Delete
Name: KENIN, CARYN
Address: 100 WOODBRIDGE CTR. DRIVE, SUITE 202
City-St-Zip: WOODBRIDGE, NJ 07095

Title: SVP () Delete
Name: TYNDALL, PAUL R
Address: 100 WOODBRIDGE CTR. DRIVE, SUITE 202
City-St-Zip: WOODBRIDGE, NJ 07095

Title: SEC () Delete
Name: TYNDALL, PAUL R
Address: 100 WOODBRIDGE CTR. DRIVE, SUITE 202
City-St-Zip: WOODBRIDGE, NJ 07095

Title: EVP () Delete
Name: HOLUBIAK, MYRON
Address: 100 WOODBRIDGE CTR. DRIVE, SUITE 202
City-St-Zip: WOODBRIDGE, NJ 07095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HOLUBIAK, MYRON
Address: 1000 WYCOFF AVENUE
City-St-Zip: MAHWAH, NJ 07430

Title: TRES (X) Change () Addition
Name: SIVORI, JAMES
Address: 100 WOODBRIDGE CTR. DRIVE, SUITE 202
City-St-Zip: WOODBRIDGE, NJ 07095

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: SVP (X) Change () Addition
Name: SIVORI, JAMES
Address: 100 WOODBRIDGE CTR. DRIVE, SUITE 202
City-St-Zip: WOODBRIDGE, NJ 07095

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: CARYN KENIN

ASEC

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date