2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# F03000000695

Entity Name: FAZZI ASSOCIATES, INC.

Current Principal Place of Business:

243 KING STREET, SUITE 246
STE 246
NORTHAMPTON, MA 01060

New Principal Place of Business:

Current Mailing Address:

243 KING STREET, SUITE 246
STE 246
NORTHAMPTON, MA 01060

New Mailing Address:

FEI Number: 04-3257930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILL, RHONDA
3243 NOCTURNE ROAD
VENICE, FL 34293 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: CP ( ) Delete
Name: FAZZI, ROBERT A
Address: 243 KING STREET, SUITE 46
City-St-Zip: NORTHAMPTON, MA 01060

Title: VCT ( ) Delete
Name: HARLOW, LYNN M
Address: 243 KING STREET, SUITE 46
City-St-Zip: NORTHAMPTON, MA 01060

Title: D ( ) Delete
Name: TOWNSEND, CHARLETON S
Address: 243 KING STREET, SUITE 46
City-St-Zip: NORTHAMPTON, MA 01060

Title: DS ( ) Delete
Name: AGOGLIA, ROBERT V
Address: 243 KING STREET, SUITE 46
City-St-Zip: NORTHAMPTON, MA 01060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: FAZZI, ROBERT A
Address: 243 KING STREET, SUITE 246
City-St-Zip: NORTHAMPTON, MA 01060

Title: VCT (X) Change ( ) Addition
Name: HARLOW, LYNN M
Address: 243 KING STREET, SUITE 246
City-St-Zip: NORTHAMPTON, MA 01060

Title: D (X) Change ( ) Addition
Name: TOWNSEND, CARLETON S
Address: 243 KING STREET, SUITE 246
City-St-Zip: NORTHAMPTON, MA 01060

Title: DS (X) Change ( ) Addition
Name: AGOGLIA, ROBERT V
Address: 243 KING STREET, SUITE 246
City-St-Zip: NORTHAMPTON, MA 01060

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: LYNN M. HARLOW VCT 01/12/2006

Electronic Signature of Signing Officer or Director — Date