## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003622

Entity Name: SOUTHERN TECHNICAL ASSOCIATES OF AMERICA, INC.

FILED Jan 19, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Clirrent Principal Place of Kilciness	NOW Principal Place of Bilgings

411 WALNUT STREET #1248 55 GREEN FOREST DR GREEN COVE SPRINGS, FL 320433443 ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

411 WALNUT STREET #1248 55 GREEN FOREST DR GREEN COVE SPRINGS, FL 320433443 ORMOND BEACH, FL 32174

FEI Number: 58-1807505 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, MARY N ONE OCEANS W BLVD. 2-B-6 DAYTONA BEACH, FL 32118 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC ( ) Delete Title: PC (X) Change ( ) Addition

 Name:
 MITCHELL, TROY E
 Name:
 MITCHELL, TROY E

 Address:
 411 WALNUT STREET, #1248
 Address:
 55 GREEN FOREST DR

 City-St-Zip:
 GREEN COVE SPRINGS, FL 320433443
 City-St-Zip:
 ORMOND BEACH, FL 32174

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name:MITCHELL, PHYLLIS AName:MITCHELL, PHYLLIS AAddress:411 WALNUT STREET, #1248Address:55 GREEN FOREST DRCity-St-Zip:GREEN COVE SPRINGS, FL 320433443City-St-Zip:ORMOND BEACH, FL 32174

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: TROY E. MITCHELL PC 01/19/2006