


**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90002 035 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # F03000003891**

1. Entity Name  
 JOSEPHSON-WERDOWATZ & ASSOCIATES, INC.



Principal Place of Business  
 6370 LUSK BOULEVARD STE. F200  
 SAN DIEGO, CA 92121

Mailing Address  
 6370 LUSK BOULEVARD STE. F200  
 SAN DIEGO, CA 92121

66008331



02272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 33-0565592

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REGISTERED AGENTS LEGAL SERVICES, INC.  
 1333 NORTH DUVAL STREET  
 TALLAHASSEE, FL 32302

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 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 resigning) 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	CDP
NAME	JOSEPHSON, CARL H
STREET ADDRESS	6370 LUSK BOULEVARD STE. F200
CITY-ST-ZIP	SAN DIEGO, CA 92121
TITLE	VCD
NAME	WERDOWATZ, DAN R
STREET ADDRESS	6370 LUSK BOULEVARD STE. F200
CITY-ST-ZIP	SAN DIEGO, CA 92121
TITLE	VPS
NAME	WERDOWATZ, DAN R
STREET ADDRESS	6370 LUSK BOULEVARD STE. F200
CITY-ST-ZIP	SAN DIEGO, CA 92121
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Carl H. Josephson 3/29/06 858-558-2181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #