


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90035 045 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # F04000001062 1. Entity Name BUCKLEY THORNE MESSINA & ASSOCIATES, INC. | | | |  | |
| Principal Place of Business 200 FIRST AVENUE MEDDHAM, MA 02494 | | | Mailing Address 200 FIRST AVENUE MEDDHAM, MA 02494 | | |
| 2. Principal Place of Business 200 First Avenue | | | 3. Mailing Address 200 First Avenue | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Needham MA | | | City & State Needham MA | | |
| Zip 02494 | | Country USA | | 4. FEI Number 04-2486043 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CDT BUCKLEY, JOHN R 200 FIRST AVE. MEDDHAM, MA 02494 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUCKLEY, BARBARA 200 FIRST AVE. MEDDHAM, MA 02494 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MESSINA, NICHOLAS 200 FIRST AVE. MEDDHAM, MA 02494 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FREDA, MICHAEL 200 FIRST AVE. MEDDHAM, MA 02494 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ANGOFF, WALTER ESQ. 101 FEDERAL ST. BOSTON, MA 02494 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <i>Michael J. Freda</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | January 10, 2006 781-453-4100 Date Daytime Phone # | | |