
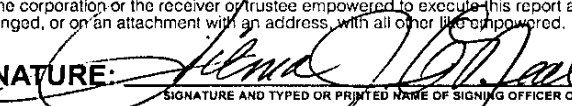


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90018 007 ***150.00

DOCUMENT # F26453 1. Entity Name O'NEAL AND O'NEAL ASSOCIATES, INC.					
Principal Place of Business 2265 LEE ROAD SUITE #103 WINTER PARK, FL 32789			Mailing Address 2265 LEE ROAD SUITE #103 WINTER PARK, FL 32789		
2. Principal Place of Business 6155 LAKE LIZZIE DRIVE		3. Mailing Address 6155 LAKE LIZZIE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. CLOUD, FL		City & State ST. CLOUD, FL		4. FEI Number 59-2065245	
Zip 34771		Country OSCEOLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEAL, CURTIS 2265 LEE ROAD SUITE #103 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6155 LAKE LIZZIE DRIVE City ST. CLOUD FL Zip Code 34771		
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) 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	P O'NEAL, CURTIS 2265 LEE ROAD SUITE #103 WINTER PARK, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6155 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT O'NEAL, WILMA 2265 LEE ROAD SUITE 103 WINTER PARK, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6155 LAKE LIZZIE DRIVE ST. CLOUD, FL 34771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			WILMA J. O'NEAL, SEC/TREAS.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/20/06		Daytime Phone # 407-498-3124