

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# F29373

Entity Name: BLAKELY, WARD, STUCKEY OF FLORIDA, INC.

**Current Principal Place of Business:**

2641 EAST ATLANTIC BLVD  
STE 201  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

2641 EAST ATLANTIC BLVD  
STE 201  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

FEI Number: 59-2110651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TATUM, MARK C  
2641 E. ATLANTIC BLVD  
STE 201  
POMPANO BEACH, FL 33062 US

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

LIVINGWAY, JOHN J  
2641 E. ATLANTIC BLVD  
STE 201  
POMPANO BEACH, FL 33062 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: JOHN LIVINGWAY      05/01/2006  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TATUM, MARK C  
Address: 2641 E. ATLANTIC BLVD STE 201  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: V ( ) Delete  
Name: LIVINGWAY, JOHN J  
Address: 2641 E. ATLANTIC BLVD STE 201  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: S (X) Delete  
Name: VITALE, GEORGE J  
Address: 2641 E. ATLANTIC BLVD STE 201  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: T (X) Delete  
Name: TATUM, SHARON S  
Address: 2641 E. ATLANTIC BLVD STE 201  
City-St-Zip: POMPANO BEACH, FL 33062 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LIVINGWAY, JOHN J  
Address: 2641 E. ATLANTIC BLVD STE 201  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: S (X) Change ( ) Addition  
Name: VITALE, GEORGE J  
Address: 2641 E. ATLANTIC BLVD STE 201  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN LIVINGWAY      P      05/01/2006  
Electronic Signature of Signing Officer or Director      Date