

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32131

FILED
Apr 28, 2006
Secretary of State

Entity Name: LONE & ASSOCIATES INC.

Current Principal Place of Business:

6420 NORTHWEST FIFTH WAY
FORT LAUDERDALE, FL 33351 US

New Principal Place of Business:

6420 NORTHWEST FIFTH WAY
FORT LAUDERDALE, FL 333509 US

Current Mailing Address:

6420 NORTHWEST FIFTH WAY
FORT LAUDERDALE, FL 33351 US

New Mailing Address:

6420 NORTHWEST FIFTH WAY
FORT LAUDERDALE, FL 33309 US

FEI Number: 59-2090477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONE, JOANN
6420 NORHTWEST FIFTH WAY
FORT LAUDERDALE, FL 33351 US

Name and Address of New Registered Agent:

LONE, JOANN
6420 NORHTWEST FIFTH WAY
FORT LAUDERDALE, FL 33309 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: _____ 04/28/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LONE, WILLIAM F
Address: 6420 NORTHWEST FIFTH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VDST () Delete
Name: LONE, JOANN
Address: 6420 NORTHWEST FIFTH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VD () Delete
Name: LONE, WILLIAM F JR.
Address: 6420 NORTHWEST FIFTH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VD () Delete
Name: LONE-ANDERSON, SHERRI
Address: 6420 NORTHWEST FIFTH WAY
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOANN LONE VDST 04/28/2006
Electronic Signature of Signing Officer or Director Date