


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F53718		
1. Entity Name WITTNER & ASSOCIATES, INC.		

Principal Place of Business C/O TED P WITTNER 5999 CENTRAL AVE STE 400 ST. PETERSBURG, FL 33710	Mailing Address P.O. BOX 11629 5999 CENTRAL AVE STE 400 ST. PETERSBURG, FL 33733 US
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04/18/06-80012-024 150.00



DO NOT WRITE IN THIS SPACE

02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2207968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILT, ROSS
5999 CENTRAL AVENUE
4TH FLOOR
ST. PETERSBURG, FL 33710**

**DO NOT WRITE
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 reappointing) 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
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10. OFFICERS AND DIRECTORS

TITLE P	NAME WITTNER, JEAN GILES
STREET ADDRESS 5999 CENTRAL AVENUE #400	
CITY-ST-ZIP ST PETERSBURG, FL	
TITLE PD	NAME WITTNER, TED P
STREET ADDRESS 5999 CENTRAL AVENUE #400	
CITY-ST-ZIP ST PETERSBURG, FL	
TITLE V	NAME WILT, ROSS
STREET ADDRESS 5949 CENTRAL AVE 4TH FLOOR	
CITY-ST-ZIP SAINT PETERSBURG, FL 33710	
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: Ross Wilt Ross Wilt 3/28/06 727-384-3000

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