2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# F84940

Entity Name: MAX DAVIS ASSOCIATES, INC.

Current Principal Place of Business:

1101 NORTHPOINT PKWY.
SUITE B
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3968
SOUTH BEND, IN 46619 US

New Mailing Address:

FEI Number: 59-2207359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLILE, REX
1101 NORTHPOINT PKWY
SUITE B
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CARLILE, REX
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: VC ( ) Delete
Name: CARLILE, HELEN
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: P ( ) Delete
Name: CARLILE, DONALD
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: V ( ) Delete
Name: CARLILE, DEAN
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: V ( ) Delete
Name: RIGGS, DAVID
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

Title: ST ( ) Delete
Name: RIGGS, KATHY
Address: 2612 FOUNDATION DRIVE
City-St-Zip: SOUTH BEND, IN 46628

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:

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: DON CARLILE P 04/28/2006

Electronic Signature of Signing Officer or Director Date