FILED 2006 FOR PROFIT CORPORATION Feb 09, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # F9300001639 COVINGTON CAPITAL CORP. OF ALBUQUERQUE Principal Place of Business Mailing Address 1000 MARKET STREET 1001 E. ATLANTIC AVE. SUITE 300 SUITE 202 PORTSMOUTH, NH 03801 DELRAY BEACH, FL 33483 US 01232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-3578659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD DO NOT WRITE 1001 E. ATLANTIC AVE. **SUITE 201** IN THIS SPACE DELRAY BEACH, FL 33483 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 02/21/06-80016-011 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE WENDEL, GERALD NAME STREET ADDRESS 201 SILVERLODE DRIVE CITY-ST-ZIP ASPEN, CO 81611 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-St-AP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cells; that I am an officer or director of the corporation or the requiver 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 attachney, with an address, with all otipal tike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-JP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/06

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