2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F94000005223

1. Entity Name

BLAZZARD, GRODD & HASENAUER, P.C.



Principal Place of Business

943 POST ROAD EAST

P.O. BOX 5108 WESTPORT, CT 06881 Mailing Address

943 POST ROAD EAST P.O. BOX 5108 WESTPORT, CT 06881

FILED May 04, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03242006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 06-1045124 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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 accidente obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and still if applicable (NOTE, Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 10. OFFICERS AN	HASENAUER, JUDITH A 4401 WEST TRADEWINDS AVE SUITE 207 FT LAUDERDALE, FL 33308				IN THIS SPACE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ITILE NAME BLAZZARD, NORSE N 943 POST ROAD EAST WESTPORT, CT 06880 ITILE SIREE ADDRESS 943 POST ROAD EAST UNCLY-SI-ZIP WESTPORT, CT 06880 ITILE SIREE ADDRESS 943 POST ROAD EAST WESTPORT, CT 06880 ITILE WESTPORT, CT 06880 ITILE SIREE ADDRESS 943 POST ROAD EAST WESTPORT, CT 06880 ITILE WESTPORT, CT 06880 ITILE VTD GRODD, LESLIE E 943 POST ROAD EAST WESTPORT, CT 06880 ITILE ITILE ITILE WESTPORT, CT 06880 ITILE ITILE ITILE WESTPORT, CT 06880 ITILE ITILE ITILE ITILE ITILE WESTPORT, CT 06880	the obligation	ons of registered agent					
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INTLE SD NAME HASENAUER, JUDITH A SIRRET ADDRESS 943 POST ROAD EAST CITY-ST-ZIP WESTPORT, CT 06880 INTLE VTD NAME GRODD, LESLIE E SIRRET ADDRESS CITY-ST-ZIP WESTPORT, CT 06880 INTLE VD NAME STPORT, CT 06880 INTLE VD NAME HASENAUER, WILLIAM E 943 POST ROAD EAST STREET ADDRESS	TITLE NAME STREET ADDRESS	PD BLAZZARD, NORSE N 943 POST ROAD EAST	TORS			U00000561749 05/19/06-80026-016 150.00	
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CITY-ST-2IP WESTPORT, CT 06880	NAME STREET ADDRESS	HASENAUER, WILLIAM E			IN THIS SPACE		
TITLE VD NAME O'HARA, RAYMOND A III STREET ADDRESS 943 POST ROAD EAST CITY-SI-ZIP WESTPORT, CT 06880	NAME STREET ADDRESS CITY+ST-ZIP	O'HARA, RAYMOND A III 943 POST ROAD EAST WESTPORT, CT 06880					

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.

STONE, LYNN K. STREET ADDRESS 943 POST RD EAST WESTPORT, CT