

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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	 03242006 No Chg-P CR2E034 (11/05) 4. FEI Number 06-1045124 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HASENAUER, JUDITH A 4401 WEST TRADEWINDS AVE SUITE 207 FT LAUDERDALE, FL 33308		
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 reinstating) _____ 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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000561749 05/19/06-80026-016 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLAZZARD, NORSE N 943 POST ROAD EAST WESTPORT, CT 06880	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HASENAUER, JUDITH A 943 POST ROAD EAST WESTPORT, CT 06880	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GRODD, LESLIE E 943 POST ROAD EAST WESTPORT, CT 06880	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HASENAUER, WILLIAM E 943 POST ROAD EAST WESTPORT, CT 06880	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD O'HARA, RAYMOND A III 943 POST ROAD EAST WESTPORT, CT 06880	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STONE, LYNN K. 943 POST RD EAST WESTPORT, CT	
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: <u>Raymond A. O'Hara III</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>5/1/06</u> Daytime Phone # <u>(203) 226-7266</u>