

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005934

Entity Name: MEADOWS ADVISORY, INC.

FILED  
Feb 05, 2006  
Secretary of State

## Current Principal Place of Business:

431 SEABREEZE AVE.  
PALM BEACH, FL 33480

## New Principal Place of Business:

7104 MELROSE CASTLE LANE  
BOCA RATON, FL 33496

## Current Mailing Address:

431 SEABREEZE AVE.  
PALM BEACH, FL 33480

## New Mailing Address:

7104 MELROSE CASTLE LANE  
BOCA RATON, FL 33496

FEI Number: 65-0512212

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOVETTE, BRADFORD S  
431 SEABREEZE AVE  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

IRWIN, STEPHEN PRES  
7104 MELROSE CASTLE LANE  
BOCA RATON, FL 33496 US

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: STEPHEN IRWIN

02/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOVETTE, BRADFORD S  
Address: 431 SEABREEZE AVE.  
City-St-Zip: PALM BEACH, FL

Title: C ( ) Delete  
Name: LOVETTE, BRADFORD S  
Address: 431 SEABREEZE AVE.  
City-St-Zip: PALM BEACH, FL 33480

Title: SD ( ) Delete  
Name: IRWIN, STEPHEN  
Address: 15 EISENHOWER DRIVE  
City-St-Zip: CRESKILL, NJ

Title: TD (X) Delete  
Name: DOOLAN, THOMAS B.  
Address: 1850 JOCKEY CROOK DR  
City-St-Zip: SOUTHOLD, NY 11971

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D VP (X) Change ( ) Addition  
Name: LOVETTE, BRADFORD S  
Address: 431 SEABREEZE AVE.  
City-St-Zip: PALM BEACH, FL 33480 US

Title: D VP (X) Change ( ) Addition  
Name: DOOLAN, THOMAS  
Address: 1850 JOCKEY CREEK LANE  
City-St-Zip: SOUTHOLD, NY 11971 US

Title: DPS (X) Change ( ) Addition  
Name: IRWIN, STEPHEN  
Address: 7104 MELROSE CASTLE LANE  
City-St-Zip: BOCA RATON, FL 33496 US

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: STEPHEN IRWIN

PRES

02/05/2006

Electronic Signature of Signing Officer or Director

Date