2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# F95000002598

Entity Name: FLORIDA FAIRWAYS, INC.

Current Principal Place of Business:

40 WESTMINSTER STREET
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

40 WESTMINSTER STREET
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 52-1933598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: MECCA, NICHOLAS L
Address: 333 EAST RIVER DRIVE
City-St-Zip: EAST HARTFORD, CT 06108

Title: SVP ( ) Delete
Name: BREDE, DAVID F
Address: 333 EAST RIVER DR.
City-St-Zip: EAST HARTFORD, CT 06108

Title: D ( ) Delete
Name: KAISER, THOMAS H
Address: 11575 GREAT OAKS WAY
City-St-Zip: ALPHARETTA, GA 30022

Title: AS ( ) Delete
Name: RAYMOND, DEBRA A
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: S ( ) Delete
Name: GREEN, PAUL F
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: AS ( ) Delete
Name: HAYES-COTE, MARGARET R
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MECCA, NICHOLAS L
Address: 45 GLASTONBURY BLVD.
City-St-Zip: GLASTONBURY, CT 06033

Title: VP (X) Change ( ) Addition
Name: BREDE, DAVID F
Address: 45 GLASTONBURY BLVD.
City-St-Zip: GLASTONBURY, CT 06033

Title: D (X) Change ( ) Addition
Name: GREEN, PAUL F
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

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: MARGARET R. HAYES-COTE AS 04/10/2006
Electronic Signature of Signing Officer or Director Date