2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003438

Entity Name: SCHECHTER ASSOCIATES, INC.

FILED Aug 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16608 MILLAN DE AVILA 502 NORTH ARMENIA AVENUE

TAMPA, FL 33613 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

1611 W PLATT STREET 502 NORTH ARMENIA AVENUE

TAMPA, FL 33606 TAMPA, FL 33609

FEI Number: 59-3511163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOEHLER, KEITH W

1611 W. PLATT STREET

502 NORTH ARMENIA AVENUE
TAMBA EL 23000 LIS

TAMPA, FL 33606 US TAMPA, FL 33609 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: KEITH W KOEHLER 08/03/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: SCHECHTER, SUSAN

Name: SCHECHTER, SUSAN Address: 16608 MILLAN DE AVILA

City-St-Zip: TAMPA, FL 33613

Title: DS () Delete
Name: SCHECHTER, MICHAEL
Address: 16608 MILLAN DE AVILA

City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition

Name: SCHECHTER, SUSAN

Address: 502 NORTH ARMENIA AVENUE

City-St-Zip: TAMPA, FL 33609

Title: DS (X) Change () Addition

Name: SCHECHTER, MICHAEL Address: 502 NORTH ARMENIA AVENUE

City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEITH W KOEHLER CPA 08/03/2005