


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------|---|---|---------|
| DOCUMENT # F98000004045 | | | |  | |
| 1. Entity Name MICHAEL BIAMONTE AND ASSOCIATES, INC. | | | | | |
| Principal Place of Business 139 FULTON ST NEW YORK NY 10038 | | | Mailing Address 611 DRUID RD. E # 403 CLEARWATER FL 33756 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent BIAMONTE, MICHAEL % PERFECTLY BALANCED BOOKS 133 GARDEN AVE N. CLEARWATER FL 33755 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | |
| | | | | Zip Code | |
| 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 _____ | | | | | |



1st MOORE CR2E034 (10/05)

4. FEI Number **13-3641170** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-----------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | CP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BIAMONTE, MICHAEL | | | NAME | | | |
| STREET ADDRESS | 733 WEATHERSFIELD DR | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DUNEDIN FL 34698-7437 | | | CITY-ST-ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COPPOLI, ELIZABETH | | | NAME | | | |
| STREET ADDRESS | 611 DRUID RD E # 403 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

1171700443228
 03/04/06-80055-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  2/17/06