

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006272

FILED
Apr 30, 2005
Secretary of State

Entity Name: BARBARA SALOMONE & ASSOCIATES, INCORPORATED

Current Principal Place of Business:

4955 NORTHPARK DRIVE
COLORADO SPRINGS, CO 80918

New Principal Place of Business:

Current Mailing Address:

4955 NORTHPARK DRIVE
COLORADO SPRINGS, CO 80918

New Mailing Address:

FEI Number: 36-3515737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIEMER, ROBERT
4328 40TH STREET SOUTH
ST. PETERSBURG, FL 33711 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: SALOMONE, BARBARA
Address: 4955 NORTHPARK DR
City-St-Zip: COLORADO SPRINGS, CO 80918

Title: S () Delete
Name: SALOMONE, ROSS
Address: 4955 NORTHPARK DR
City-St-Zip: COLORADO SPRINGS, CO 80918

Title: V () Delete
Name: SCHATZ, ROBERT
Address: 4955 NORTHPARK DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80918

Title: T () Delete
Name: SCHATZ, ADRIENNE
Address: 4955 NORTHPARK DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80918

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: RON LUCERO

CFO

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date