

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H26608

FILED  
Jul 05, 2005  
Secretary of State

Entity Name: CARL ALFREY & ASSOCIATES INC.

## Current Principal Place of Business:

789 S. FEDERAL HWY.  
STE. 201  
STUART, FL 34994 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1529  
STUART, FL 34995 US

## New Mailing Address:

FEI Number: 59-2512496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CERULLI, LORRAINE  
1507 SE SUNSHINE AVE  
PORT SAINT LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

CERULLI, LORRAINE A  
1507 SE SUNSHINE AVE  
PORT SAINT LUCIE, FL 34952 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: LORRAINE A. CERULLI

07/05/2005

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: P ( ) Delete  
Name: CERULLI, LORRAINE  
Address: 1507 SUNSHINE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CO-P (X) Change ( ) Addition  
Name: CERULLI, LORRAINE  
Address: 1507 SE SUNSHINE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: CO-P ( ) Change (X) Addition  
Name: CERULLI, GREG U  
Address: 1507 SE SUNSHINE AVE  
City-St-Zip: PORT ST LUCIE, FL 34952

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: GREG U. CERULLI

CO-P

07/05/2005

Electronic Signature of Signing Officer or Director

Date