
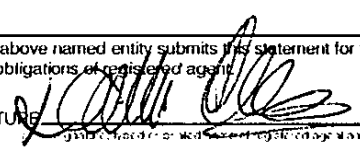
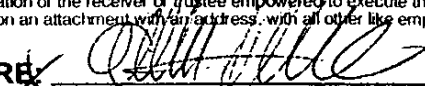


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90010 014 \*\*\*150.00

<b>DOCUMENT # H75336</b> 1. Entity Name <b>ALBERT M. ESPOSITO &amp; ASSOCIATES, INC.</b>					
Principal Place of Business 326 MOODY BLVD. P.O. BOX 1836 FLAGLER BCH, FL 32136-8836			Mailing Address 326 MOODY BLVD. P.O. BOX 1836 FLAGLER BCH, FL 32136-8836		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2578604</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ESPOSITO, ALBERT M. 326 MOODY BLVD. P.O. BOX 1836 FLAGLER BCH, FL 32136			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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  <span style="float: right;">X 4/1/06</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ESPOSITO, ALBERT M. 200 LAMBERT AVE, SUITE 4 FLAGLER BCH, FL 32136		TITLE NAME STREET ADDRESS CITY ST ZIP	PD Esposito, Albert M. 200 Lambert Ave. Suite 2 Flagler Beach FL 32136	
TITLE NAME STREET ADDRESS CITY ST ZIP	VTSD WHITE, NANCY C 301 CEDAR LN, P.O. BOX 766 FLAGLER BCH, FL		TITLE NAME STREET ADDRESS CITY ST ZIP		
TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		
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TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  <span style="float: right;">X 4/1/06</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					