2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006
Secretary of State

DOCUMENT# H83295

Entity Name: GONANO & HARRELL, CHARTERED

Current Principal Place of Business:

1600 S FEDERAL HWY., STE. 200
FT. PIERCE, FL 349505194 US

New Principal Place of Business:

1600 S FEDERAL HIGHWAY
SUITE 200
FT. PIERCE, FL 349505194 US

Current Mailing Address:

1600 S FEDERAL HWY., STE. 200
FT. PIERCE, FL 349505194 US

New Mailing Address:

1600 S FEDERAL HIGHWAY
SUITE 200
FT. PIERCE, FL 349505194 US

FEI Number: 59-2597864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONANO, DOUGLAS E.
1600 S. FEDERAL HWY.
SUITE 200
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

GONANO, DOUGLAS E
1600 S. FEDERAL HIGHWAY
SUITE 200
FT. PIERCE, FL 34950 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: DOUGLAS E. GONANO 02/23/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: GONANO, DOUGLAS E.,
Address: 1600 S. FED HWY #200
City-St-Zip: FORT PIERCE, FL

Title: S (X) Delete
Name: RUSS, KAREN B.,
Address: 1600 S. FED. HWY. #200
City-St-Zip: FORT PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: GONANO, DOUGLAS E
Address: 1600 S. FEDERAL HIGHWAY, SUITE 200
City-St-Zip: FORT PIERCE, FL 34950

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 Chapter 119, 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: DOUGLAS E. GONANO DPT 02/23/2006
Electronic Signature of Signing Officer or Director Date