2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# J30222

Entity Name: ANAR ASSOCIATES, INC.

Current Principal Place of Business:

9219 BAY POINT DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

497 CROSSWIND DR.
FERNANDINA BEACH, FL 32034

Current Mailing Address:

9219 BAY POINT DRIVE
ORLANDO, FL 32819

New Mailing Address:

497 CROSSWIND DR.
FERNANDINA BEACH, FL 32034

FEI Number: 65-0036009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELUCIA, ANTHONY
9219 BAY POINT DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

DELUCIA, ANTHONY
497 CROSSWIND DR.
FERNANDINA BEACH, FL 32034 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: ANTHONY DELUCIA 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DELUCIA, ANTHONY
Address: 9219 BAY POINT DR.
City-St-Zip: ORLANDO, FL 32819

Title: ST ( ) Delete
Name: DELUCIA, ARLENE
Address: 9219 BAY POINT DR.
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete
Name: DELUCIA, ANTHONY JR.
Address: 9219 BAY POINT DR.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DELUCIA, ANTHONY
Address: 497 CROSSWIND DR.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ST (X) Change ( ) Addition
Name: DELUCIA, ARLENE
Address: 497 CROSSWIND DR.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP (X) Change ( ) Addition
Name: DELUCIA, ANTHONY JR.
Address: 497 CROSSWIND DR.
City-St-Zip: FERNANDINA BEACH, FL 32034

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: ANTHONY DELUCIA P 04/29/2005
Electronic Signature of Signing Officer or Director Date