## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2006 08:00 AM Secretary of State **DOCUMENT # J47008** Y1. Entity Name SIERRA & ASSOCIATES, INC. Principal Place of Business Mailing Address 7308 EGYPT LAKE DRIVE P.O. BOX 15267 TAMPA, FL 33614 **TAMPA, FL 33684** 02072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2734990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIERRA, SANDRA J DO NOT WRITE 7308 EGYPT LAKE DRIVE TAMPA, FL 33614 IN THIS SPACE 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. Signature typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent algorithm required when rematating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE SIERRA, SANDRA J NAME STREET ADDRESS 7308 EGYPT LAKE DRIVE CITY-ST-7/P TAMPA, FL 33614 TITLE NAME U00000426864 02/20/06-80061-015 150.00 STREET ADDRESS CITY-ST-7IP NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP BILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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.

Devame Phone #

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: