

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K25358

FILED
Apr 27, 2006
Secretary of State

Entity Name: DAVINGTON ASSOCIATES, INC.

Current Principal Place of Business:

239 ECHO CIRCLE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

210 TILDEN ROAD
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2915618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, FREDDIE L
239 ECHO CIRCLE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WILSON, TANYA D
Address: 218 BEACON POINTE DRIVE
City-St-Zip: OCOEE, FL 34761

Title: SD () Delete
Name: DAVIS, WANDA
Address: 347 LARGO CAY CT # 101
City-St-Zip: OCOEE, FL 34761

Title: TD () Delete
Name: DAVIS, FREDDIE L
Address: 239 ECHO CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: P () Delete
Name: DAVIS, FREDDIE L
Address: 239 ECHO CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: DAVIS, CONNIE J
Address: 3510 N W 37TH AVE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DAVIS, WANDA
Address: 2015 ERWING CIRCLE #5-104
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FREDDIE L. DAVIS

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date