




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90184 014 ***150.00

DOCUMENT # K83921 1. Entity Name MAPLE ASSOCIATES, INC.					
Principal Place of Business 3773 CENTRAL AVE A492 ST PETERSBURG, FL 33713			Mailing Address 3773 CENTRAL AVE A492 ST PETERSBURG, FL 33713		
2. Principal Place of Business 8950 Dr MLK JR ST NORTH Suite, Apt. #, etc. SUITE 130 City & State ST PETERSBURG FL Zip 33702 Country USA		3. Mailing Address 8950 Dr MLK JR ST NORTH Suite, Apt. #, etc. SUITE 130 City & State ST PETERSBURG FL Zip 33702 Country USA			
4. FEI Number 65-0129968				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DYSERT, TERRY 3773 CENTRAL AVE A492 ST PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name Jack M Winebrenner Street Address (P.O. Box Number is Not Acceptable) 8950 Dr MLK JR ST NORTH SUITE 130 ST PETERSBURG City ST PETERSBURG FL Zip Code 33702		
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:  Jack M Winebrenner 4/27/06 <small>Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DYSERT, TERRY G 3773 CENTRAL AVE, SUITE A492 ST PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200 Maple Ave Pittsburgh PA 15218	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  TERRY DYSERT, PRESIDENT 4/27/06 412-731-6047 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					