2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006
Secretary of State

DOCUMENT# L33206

Entity Name: PETER LETTERESE AND ASSOCIATES, INC.

Current Principal Place of Business:

4919 SW 148TH AVE
DAVIE, FL 33330 US

New Principal Place of Business:

4839 SW 148TH AVE #522
DAVIE, FL 33330 US

Current Mailing Address:

4919 SW 148TH AVE
DAVIE, FL 33330 US

New Mailing Address:

4839 SW 148TH AVE #522
DAVIE, FL 33330 US

FEI Number: 65-0165610 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAMBERTUS, ARTHUR W ESQ.
2929 EAST COMMERCIAL BLVD.
#604
FORT LAUDERDALE, FL 33308 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: ARTHUR W. LAMBERTUS, ESQ. 09/13/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: LETTERESE, PETER
Address: 4919 SW 148TH AVE
City-St-Zip: DAVIE, FL 33330

Title: SD ( ) Delete
Name: FAWCETT, BARBARA
Address: 4919 SW 148TH AVE
City-St-Zip: DAVIE, FL 33330

Title: D ( ) Delete
Name: LETTERESE, RAMONA
Address: 4919 SW 148TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition
Name: LETTERESE, PETER
Address: 4839 SW 148TH AVE #522
City-St-Zip: DAVIE, FL 33330

Title: STD (X) Change ( ) Addition
Name: FAWCETT, BARBARA
Address: 4839 SW 148TH AVE #522
City-St-Zip: DAVIE, FL 33330

Title: D (X) Change ( ) Addition
Name: LETTERESE, RAMONA
Address: 4839 SW 148TH AVE #522
City-St-Zip: FORT LAUDERDALE, FL 33330

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: BARBARA FAWCETT SEC 09/13/2006
Electronic Signature of Signing Officer or Director Date