


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L39251
 1. Entity Name
LUCKENBACH & ASSOCIATES, INC.



Principal Place of Business
**540 E. HORATIO AVE., STE. 100
 MAITLAND, FL 32751**

Mailing Address
**540 E. HORATIO AVE., STE. 100
 MAITLAND, FL 32751**

DO NOT WRITE IN THIS SPACE



02282006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2988018** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZINNO, JASON J
 540 E. HORATIO AVE., STE. 100
 MAITLAND, FL 32751**

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | ZINNO, JASON J |
| STREET ADDRESS | 407 LAKE HOWELL ROAD |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | VP |
| NAME | DEHOOP, BRENT |
| STREET ADDRESS | 407 LAKE HOWELL ROAD |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | VPST |
| NAME | ZINNO, JASON J |
| STREET ADDRESS | 407 LAKE HOWELL ROAD |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | VP |
| NAME | BRANT, DEHOOP |
| STREET ADDRESS | 409 LAKE HOWELL RD. |
| CITY-ST-ZIP | MAITLAND, FL 32751 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: _____ **Date** 2/28/06 **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR