2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M29211

FILED Feb 03, 2005 Secretary of State

Entity Name: PAT CONWAY & ASSOCIATES, INC.

1177 GER	Principal Place of Business:	New Principal Place	of Business:	
	ROGE BUSH BLVD			
#304 DELRAY I	BEACH, FL 33483 US			
	Mailing Address:	New Mailing Addres	es:	
	_	.		
2 ENGEL OCEAN R	RIDGE, FL 33435			
FEI Number	r: 59-2673516 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Age	nt: Name and Address	of New Registered Agent:	
2 ENGEL OCEAN R	RIDGE, FL 33435 US			
	e named entity submits this statement fo e of Florida.	r the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registere	ed Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PC () Delete CONWAY, PATRICK M., 2 ENGEL DRIVE	Title: Name: Address:	() Change () Addition	
	OCEAN RIDGE, FL	City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip:	OCEAN RIDGE, FL VST () Delete CONWAY, VICKIE M., 2 ENGEL DRIVE OCEAN RIDGE, FL		() Change () Addition	
City-St-Zip: Title: Name: Address:	VST () Delete CONWAY, VICKIE M., 2 ENGEL DRIVE	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VST () Delete CONWAY, VICKIE M., 2 ENGEL DRIVE OCEAN RIDGE, FL CEO () Delete COPPOLA, VICTOR 5720 OLD OCEAN BLVD, #1E	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICK M CONWAY PC 02/03/2005