## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M70256

3542 BLUE BELL LANE

HOLIDAY, FL

Address: City-St-Zip:

FILED Jan 04, 2006 Secretary of State

Entity Name: CENTRAL FLORIDA ACOUSTICS, INC.							
Current Principal Place of Business:					New Principal Place of Business:		
460 EAST LEMON STREET TARPON SPRINGS, FL 34689				460 EAST LEMON STREET SUITE B TARPON SPRINGS, FL 34689			
Current Mailing Address:				New Mailing Address:			
460 EAST LEMON STREET TARPON SPRINGS, FL 34689					460 EAST LEMON STREET SUITE B TARPON SPRINGS, FL 34689		
FEI Number:	59-2878971	FEI Nun	nber Applied For()	FEI Num	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WAZOCHA, MICHAEL J 460 EAST LEMON STREET TARPON SPRINGS, FL 34689 US					WAZOCHA, MICHAEL J 460 EAST LEMON STREET SUITE B TARPON SPRINGS, FL 34689 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: MICHAEL WAZOCHA					01/04/2006		
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	460 EAST L	() Delete MICHAEL J., EMON STREE PRINGS, FL 34			Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	460 EAST L	() Delete JOANNE M., EMON STREE PRINGS, FL 34			Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	VP WAZOCHA,	()Delete JOHN J			Title: (	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL WAZOCHA **PRES** 01/04/2006