


2006 FOR PROFIT CORPORATION ANNUAL REPORT

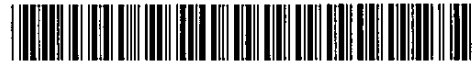
FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90083 038 ***150.00

DOCUMENT # M85776	
1. Entity Name TED HIGGINS & ASSOCIATES, INC.	

Principal Place of Business 4901 PALM BEACH BLVD BOX 25 FT MYERS, FL 33905	Mailing Address 4901 PALM BEACH BLVD BOX 25 FT MYERS, FL 33905
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0026633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, TED
 18176 HORSESHOE BAY CIR
 FT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

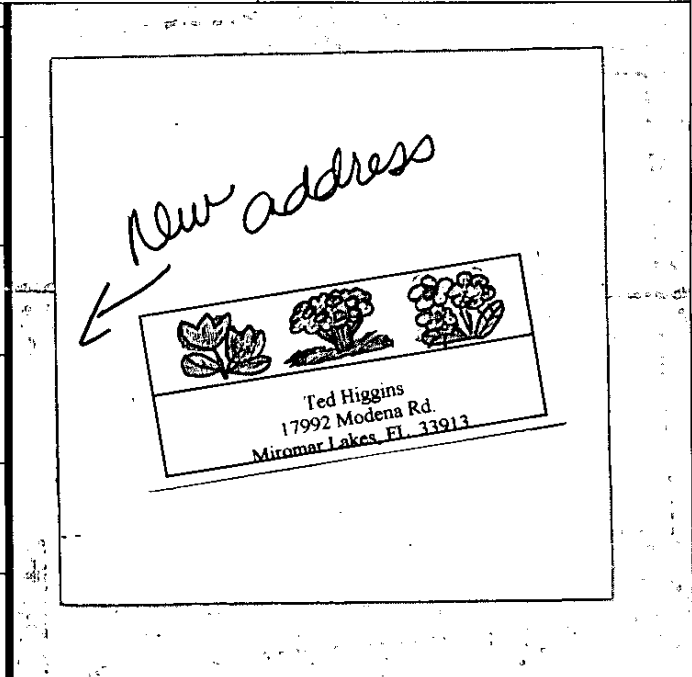
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGINS, TED 18176 HORSESHOE BAY CIRCLE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HIGGINS, LINDA 18176 HORSESHOE BAY CIR FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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: Ted Higgins 2/7/06 2362674764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #