

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001659

1. Entity Name

AMERICAN ASSOCIATION OF PROFESSIONAL
TECHNICAL ANALYSTS, INC.



Principal Place of Business

1201 US HWY ONE
SUITE 250
NORTH PALM BEACH, FL 33408

Mailing Address

1201 US HWY ONE
SUITE 250
NORTH PALM BEACH, FL 33408



01252006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0704978

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, JOHN C
1201 US HWY ONE
SUITE 250
NORTH PALM BEACH, FL 33408

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME COOPER, NINA G
STREET ADDRESS 1201 US HWY ONE SUITE 250
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE S
NAME RASCHKE, LINDA
STREET ADDRESS 1201 US HWY ONE SUITE 250
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE T
NAME BROOKS, JOHN C
STREET ADDRESS 1201 US HWY ONE SUITE 250
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000406886
02/07/06-80106-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

J. Brooks J. Brooks 1/25/06 5017488282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #