


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002531</b> 1. Entity Name FLORIDA FIREWORKS ASSOCIATION INC.	
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Principal Place of Business 204 E MARTIN LUTHER KING BLVD TAMPA, FL 33603	Mailing Address 204 E MARTIN LUTHER KING BLVD TAMPA, FL 33603
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**DO NOT WRITE IN THIS SPACE**



06092006 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  HUNNEWELL, SHARON 204 E MARTIN LUTHER KING BLVD TAMPA, FL 33603
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee Is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEINHART, CRAIG 2501 NE 22 TERRACE FT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNNEWELL, SHARON 204 E MARTIN LUTHER KING BLVD TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VAERETTI, BILL 853 OLD ALBEE FARM RD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOSTOCKY, JERRY 555 MLK JR. BLVD. YOUNGSTOWN, OH 44502
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DICKSTEIN, ISAAC 768 E DANIA BEACH BLVD DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000567147  
06/13/06-80005-001 61.25

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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 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:**  **6/9/2006** **954-9206770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #