2007 FOR PROFIT CORPORATION

ANNUAL REPORT Feb 01, 2007 08:00 AM **Secretary of State** DOCUMENT # P00000046582 1. Entity Name GARY BOCK & ASSOCIATES, INC. Principal Place of Business Mailing Address 3720 20TH ST. 3720 20TH ST. VERO BEACH, FL 32960 VERO BEACH, FL 32960 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1006372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FANARO, RONALD S DO NOT WRITE 7555 20TH STREET VERO BEACH, FL 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 life if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 5 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE BOCK, GARY MAME STREET ADDRESS 3720 20TH ST U00000615949 02/07/07-80007-017 150.00 VERO BEACH, FL 32960 CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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: RINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED