

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086747

FILED
Apr 19, 2006
Secretary of State

Entity Name: SOUND ADVICE OF ARIZONA INC.

Current Principal Place of Business:

40 PEQUOT WAY
CANTON, MA 02021 US

New Principal Place of Business:

Current Mailing Address:

40 PEQUOT WAY
CANTON, MA 02021 US

New Mailing Address:

FEI Number: 65-1039276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAHONEY, JOHN MR.
Address: 500 STAPLES DRIVE C/O STAPLES
City-St-Zip: FRAMINGHAM, MA 01702 US

Title: P/T () Delete
Name: STONE, JEFFREY
Address: 40 PEQUOT WAY
City-St-Zip: CANTON, MA 02021

Title: VP () Delete
Name: MCGUIRE, JOSEPH
Address: 40 PEQUOT WAY
City-St-Zip: CANTON, MA 02021

Title: S () Delete
Name: DANIEL, AVERY
Address: 400 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

Title: C () Delete
Name: BLOOMBERG, SAMUEL
Address: 40 PEQUOT WAY
City-St-Zip: CANTON, MA 02021

Title: S () Delete
Name: SAWITSKY, KITT
Address: 400 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOSEPH MCGUIRE

MR

04/19/2006

Electronic Signature of Signing Officer or Director

_____ Date