

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90031 013 ***158.75



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1. Entity Name

LIQUID ASSOCIATES, INC.

Principal Place of Business

P O BOX 593742
 ORLANDO FL 32859-3742

Mailing Address

P O BOX 593742
 ORLANDO FL 32859-3742



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3732121

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HULTS, JOSEPH F
 1510 S POINTE DR
 LEESBURG, FL 34748

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS Delete
 NAME JOSEPH, HULTZ F
 STREET ADDRESS 6025 VILLA CIRCLE N
 CITY-ST-ZIP ORLANDO FL 32822

TITLE PS Change Addition
 NAME HULTS, JOSEPH F.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME GAULT, RICHARD W
 STREET ADDRESS 4409 S SEMORAN BLVD #4
 CITY-ST-ZIP ORLANDO FL 32822

TITLE Change Addition
 NAME
 STREET ADDRESS 4217 ILENE CT.
 CITY-ST-ZIP ORLANDO FL 32806

TITLE S Delete
 NAME INGRAM, TERENCE L
 STREET ADDRESS 4217 ILENE CT
 CITY-ST-ZIP ORLANDO FL 32806

TITLE Change Addition
 NAME
 STREET ADDRESS 5465 LAKE MARGARET, SUITE F
 CITY-ST-ZIP ORLANDO FL 32812

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 Section 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: Joseph F. Hults JOSEPH F. HULTS 2-12-2006 407-376-4786
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #