


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90290 045 ***150.00

DOCUMENT # P01000061134	
1. Entity Name ANJOHNSTON AND ASSOCIATES, INC.	

Principal Place of Business 1547 SOUTHEAST BALLANTRAE COURT PORT ST. LUCIE FL 34952	Mailing Address 1547 SOUTHEAST BALLANTRAE COURT PORT ST. LUCIE FL 34952
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2. Principal Place of Business 10514 CONCH SHELL TERR. Suite, Apt. #, etc.	3. Mailing Address 10514 CONCH SHELL TERR. Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34212	Country USA

4. FEI Number 65-1118315	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSTON, CHARLES N 1547 SOUTHEAST BALLANTRAE COURT PORT ST. LUCIE FL 34952	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10514 CONCH SHELL TERR. City BRADENTON FL Zip Code 34212	
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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 <i>Charles N. Johnston</i> Signature, typed or printed name of registered agent and title is applicable.	CHARLES N. JOHNSTON (NOTE: Registered Agent signature required when reinstating)
DATE April 7, 2006	

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, CHARLES N 1547 SOUTHEAST BALLANTRAE COURT PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, ANITA F 1547 SOUTHEAST BALLANTRAE COURT PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10514 CONCH SHELL TERR. BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10514 CONCH SHELL TERR. BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Charles N. Johnston</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	CHARLES N. JOHNSTON Date	APRIL 7, 2006 Daytime Phone #
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(941)

746-2699