
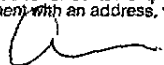


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000064660 1. Entity Name A. CATALDI & ASSOCIATES, INC.		
Principal Place of Business 19632 EAGLES VIEW CIRCLE UMATILLA, FL 32784	Mailing Address 19632 EAGLES VIEW CIRCLE UMATILLA, FL 32784	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CATALDI, ANTHONY JR. 19632 EAGLES VIEW CIR. UMATILLA, FL 32784		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UN00000331833 04/26/05-80031-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, SHAWN 944 CLUB HILLS DR. CRAWFORDVILLE, FL 32327	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATALDI, ANTHONY JR 5380 N OCEAN DRIVE APT 21E SINGER ISLAND, FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President Anthony Cataldi 3/11/05 352-357-9393 <small>Date Daytime Phone #</small>