2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P01000121706 SCHIAVONE ASSOCIATES, INC. Mailing Address Principal Place of Business 3751 ORTEGA BLVD 1731 MEMORIAL PARK TERRACE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32042006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0017432 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHIAVONE, FRANK E DO NOT WRITE 3751 ORTEGA BLVD. JACKSONVILLE, FL 32210 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. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS BRIE NAME SCHIAVONE, FRANK E U00000494019 3751 ORTEGA BLVD. STREET ADDRESS 04/20/06-80029-006 150.00 City-St-ZiP JACKSONVILLE, FL 32210 NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE une STREET ADDRESS CITY-ST-ZYP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes if 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

L ESchiavone