

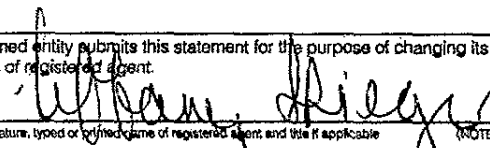
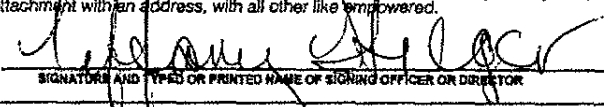


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000032701																																										
1. Entity Name STIEGER & ASSOCIATES INC																																										
Principal Place of Business 543 DOMINISH ESTATES DRIVE APOPKA, FL 32712	Mailing Address 543 DOMINISH ESTATES DRIVE APOPKA, FL 32712	 01252008 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 02-0583063</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 02-0583063	Applied For <input type="checkbox"/> Not Applicable	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 STIEGER, TODD B 6528 WOOD THRUSH HILL ORLANDO, FL 32810		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:  1/26/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 1100000402941 02/03/06-80027-012 150.00																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>STIEGER, TODD B</td></tr><tr><td>STREET ADDRESS</td><td>543 DOMINISH ESTATES DRIVE</td></tr><tr><td>CITY - ST - ZIP</td><td>APOPKA, FL 32712</td></tr><tr><td>TITLE</td><td>V</td></tr><tr><td>NAME</td><td>STIEGER, TIFFANY R</td></tr><tr><td>STREET ADDRESS</td><td>543 DOMINISH ESTATES DRIVE</td></tr><tr><td>CITY - ST - ZIP</td><td>APOPKA, FL 32712</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	P	NAME	STIEGER, TODD B	STREET ADDRESS	543 DOMINISH ESTATES DRIVE	CITY - ST - ZIP	APOPKA, FL 32712	TITLE	V	NAME	STIEGER, TIFFANY R	STREET ADDRESS	543 DOMINISH ESTATES DRIVE	CITY - ST - ZIP	APOPKA, FL 32712	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1/26/06 407-826-6821 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																										