

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007104

Entity Name: BOCASS, INC.

FILED  
Jan 19, 2006  
Secretary of State

## Current Principal Place of Business:

315 SE MIZNER BLVD  
STE 207  
BOCA RATON, FL 33432

## New Principal Place of Business:

## Current Mailing Address:

65 SE 5TH AVE STE G  
DELRAY BCH, FL 33483

## New Mailing Address:

315 SE MIZNER BLVD  
ST 207  
BOCA RATON, FL 33432

FEI Number: 05-0552595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSON, MICHAEL A  
65 SE 5TH AVE G  
DELRAY BCH, FL 33483 US

## Name and Address of New Registered Agent:

CASSON, MICHAEL A  
315 SE MIZNER BLVD  
ST 207  
BOCA RATON, FL 33432 US

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.

SIGNATURE:

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CASSON, MICHAEL A  
Address: 65 SE 5TH AVE STE G  
City-St-Zip: DELRAY BCH, FL 33483

Title: D (X) Delete  
Name: CASSON, CHARLOTTE F  
Address: 65 SE 5TH AVE ST G  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CASSON, MICHAEL A  
Address: 315 SE MIZNER BLVD ST 207  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CASSON

D

01/19/2006

Electronic Signature of Signing Officer or Director

Date