## 2006, FGR PROFIT CORPORATION ANNUAL REPORT

## Mar 30, 2006 08:00 AM Secretary of State DOCUMENT # P03000101552 1. Entity Name WILLIAM PIERCE & ASSOCIATES, INC. Principal Place of Business Malling Address 3000 SOUTH OCEAN DRIVE 3000 SOUTH OCEAN DRIVE HOLLYWOOD BEACH, FL 33019 HOLLYWOOD BEACH, FL 33019 No Chg-P CR2E034 (11/05) 03282006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0232941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SMALL & BIANCHI, P.A. DO NOT WRITE 409 W HALLANDALE BEACH BLVD STE 423 HALLANDALE BEACH, FL 33009 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Electron Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PIERCE, WILLIAM P MAME 3000 SOUTH OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD BEACH, FL 33019 U00000485793 717t F 04/13/06-80009-010 150.00 NAME STREET ADDRESS City-St-ZjP TITLE MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7171 F STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 trusted approximated to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on a

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIG NING DEFICER OR DIRECTOR

Daytime Phone 9

**FILED**