


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90242 001 ***450.00

DOCUMENT # P04000021630 1. Entity Name THE AUCTION COMPANY & ASSOCIATES, INC.					
Principal Place of Business 745 US HWY ONE SUITE 102 NORTH PALM BEACH, FL 33408			Mailing Address 745 US HWY ONE SUITE 102 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 175 TONEY PENNA DR		3. Mailing Address SAME			
Suite, Apt. #, etc. STE. 204		Suite, Apt. #, etc. 			
City & State JUPITER FL		City & State 			
Zip 33458		Country USA		4. FEI Number 36-4543935	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ACCURSIO, JAMES J 745 US HWY ONE SUITE 102 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent 175 TONEY PENNA DR STE. 204 JUPITER FL 33458		
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, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ACCURSIO, JAMES J 745 US HWY ONE, SUITE 104 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/26/06 Daytime Phone # 5613739997		