


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000114543 1. Entity Name MACHNIC & ASSOCIATES, INC.		
Principal Place of Business 95 CITRUS LANE EAST PONTE VEDRA BEACH, FL 32082	Mailing Address 95 CITRUS LANE EAST PONTE VEDRA BEACH, FL 32082	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MACHNIC, JOHN 95 CITRUS LANE EAST PONTE VEDRA BEACH, FL 32082		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: <u><i>John A Machnic</i></u> 4-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACHNIC, JOHN 95 CITRUS LANE EAST PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACHNIC, JANET 95 CITRUS LANE EAST PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u><i>John A Machnic</i></u> <u><i>John A Machnic</i></u> <u>4/25/06</u> <u>904-553-6203</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



05112006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1768391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/20/06-80095-010 150.00