

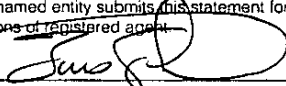
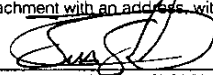


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90236 025 ***150.00

DOCUMENT # P04000133222 1. Entity Name JAMES SACKOS & ASSOCIATES, INC.																													
Principal Place of Business 8695 COLLEGE PKWY. STE. 263 FORT MYERS, FL 33919			Mailing Address 8695 COLLEGE PKWY. STE. 263 FORT MYERS, FL 33919																										
2. Principal Place of Business S15 N. FLAGLER DR. Suite, Apt. #, etc. SUITE 300-P		3. Mailing Address S15 N. FLAGLER DR. Suite, Apt. #, etc. SUITE 300-P																											
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 76-0773156																									
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SACKOS, JAMES 8695 COLLEGE PKWY. STE. 263 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) S15 N. FLAGLER DR. SUITE 300-P City WEST PALM BEACH FL Zip Code 33401																									
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  DATE 04/26/2006 <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SACKOS, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8695 COLLEGE PKWY.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT MYERS, FL 33919</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	SACKOS, JAMES		STREET ADDRESS	8695 COLLEGE PKWY.		CITY - ST - ZIP	FORT MYERS, FL 33919		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">S15 N. FLAGLER DR. #300-P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WEST PALM BEACH, FL 33401</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	S15 N. FLAGLER DR. #300-P	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	WEST PALM BEACH, FL 33401		STREET ADDRESS			CITY - ST - ZIP		
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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>			<small>Date Daytime Phone #</small>																										