## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000166800

Entity Name: THIS DAY AND AGE, INC.

**FILED** Apr 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

7512 DR PHILLIPS BLVD SUITE 50-159 36 CASTLETON PLACE ORLANDO, FL 32819 TONAWANDA, NY 14150

**Current Mailing Address: New Mailing Address:** 

7512 DR PHILLIPS BLVD SUITE 50-159 36 CASTLETON PLACE ORLANDO, FL 32819 TONAWANDA, NY 14150

FEI Number: 55-0891437 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FISCHETTI, BRADLEY D FISCHETTI, BRADLEY D 9060 HERITAGE BAY CIRCLE 8624 VIA BELLA NOTTE ORLANDO, FL 32836 ORLANDO, FL 32836

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: BRAD FISCHETTI 04/28/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MARTIN, JEFFREY MARTIN, JEFFREY Name: Name:

7512 DR PHILLIPS BLVD SUITE 50-159 36 CASTLETON PLACE Address: Address: ORLANDO, FL 32819 City-St-Zip: City-St-Zip: TONAWANDA, NY 14150

Title: Title: ( ) Delete (X) Change ( ) Addition Name: PADIN, STEVEN Name: PADIN, STEVEN

7512 DR PHILLIPS BLVD SUITE 50-159 443 ORCHARD DRIVE Address: Address: ORLANDO, FL 32819 TONAWANDA, NY 14150 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete

CARROLL, MICHAEL CARROLL, MICHAEL Name: Name: 7512 DR PHILLIPS BLVD SUITE 50-159 51 17TH AVE Address: Address:

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: NORTH TONAWANDA, NY 14120

Title: Title:

( ) Delete (X) Change ( ) Addition CAMPBELL, KENNETH SCIANDARA, KELLY Name: Name:

Address: 7512 DR PHILLIPS BLVD SUITE 50-159 Address: 120 EUCLID AVE City-St-Zip: City-St-Zip: ORLANDO, FL 32819 KENMORE, NY 14217

Title: Title: () Delete ( ) Change (X) Addition

SECCHIAROLI, JOSEPH Name: Name: Address: Address: 58 EDGEWOOD AVE City-St-Zip: City-St-Zip: BUFFALO, NY 14223

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: BRAD FISCHETTI RA 04/28/2006