2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# P05000059936

Entity Name: PARQUETTE & ASSOCIATES, INC.

Current Principal Place of Business:

4787 S. CITATION DRIVE, #101
DELRAY BEACH, FL 33445

New Principal Place of Business:

4673 FERNWAY DRIVE
NORTH PORT, FL 34288

Current Mailing Address:

4787 S. CITATION DRIVE, #101
DELRAY BEACH, FL 33445

New Mailing Address:

4673 FERNWAY DRIVE
NORTH PORT, FL 34288

FEI Number: 20-2707328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARQUETTE, M. BETH
4787 S. CITATION DRIVE, #101
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

PARQUETTE, M. BETH
4673 FERNWAY DRIVE
NORTH PORT, FL 34288 US

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: 01/11/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: PARQUETTE, M. BETH
Address: 4787 S. CITATION DRIVE, #101
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete
Name: CLEMENT, CATHY S
Address: 4440 N. OCEAN BLVD., APT. #1
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: PARQUETTE, M. BETH
Address: 4673 FERNWAY DRIVE
City-St-Zip: NORTH PORT, FL 34288

Title: VP (X) Change ( ) Addition
Name: CLEMENT, CATHY S
Address: 16605 LAKE CIRCLE DRIVE #314
City-St-Zip: FORT MYERS, FL 33908

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: M. BETH PARQUETTE PRES 01/11/2006
Electronic Signature of Signing Officer or Director — Date