2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000013605

Entity Name: LOUIS X. AMATO, P.A.

FILED Apr 24, 2006 Secretary of State

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

801 LAUREL OAK DRIVE 446 AIRPORT ROAD SUITE 615 FROSTPROOF, FL 33843

NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

801 LAUREL OAK DRIVE P.O. BOX 1242

SUITE 615 FROSTPROOF, FL 33843 NAPLES, FL 34108

FEI Number: 65-0373750 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:

AMATO, LOUIS X
801 LAUREL OAK DRIVE
SUITE 615

AMATO, LOUIS X
446 AIRPORT ROAD
FROSTPROOF, FL 33843 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: LOUIS X. AMATO 04/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

NAPLES, FL 34108 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 AMATO, LOUIS X
 Name:
 AMATO, LOUIS X

 Address:
 801 LAUREL OAK DRIVE SUITE 615
 Address:
 446 AIRPORT ROAD

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:
 FROSTPROOF, FL 33843

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: LOUIS X. AMATO PRES 04/24/2006