2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000043985

1. Entity Name
DAVID PEARSON ASSOCIATES, INCORPORATED

Principal Place of Business	Mailing Address
1320 S DIXIE HWY SUITE 220 CORAL GABLES, FL 33146 US	1320 S DIXIE HWY SUITE 220 CORAL GABLES, FL 33146 US

DO NOT WRITE IN THIS SPACE

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04052006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0418472		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEARSON, DAVID
1320 S DIXIE HWY.
SUITE 220
CORAL GABLES, FL 33146

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEARSON, DAVID
STREET ADDRESS	1320 S DIXIE HWY #220
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	PEARSON, CHRISTOPHER
STREET ADDRESS	1320 S DIXIE HWY #220
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	P
NAME	PEARSON, ANNE B
STREET ADDRESS	1320 S DIXIE HWY #220
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	*Anne Pearson*
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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: _Anne Pearson   Anne Pearson_   4/r/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #