## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

MENG NOVOTAK.

## Mar 27, 2006 08:00 AM Secretary of State DOCUMENT # P95000025775 1. Entity Name NOVOTAK & ASSOCIATES, INC. Principal Place of Business Mailing Address P.O. BOX 29-4406 BOCA RATON FL 33429-4406 P.O. BOX 29-4406 BOCA RATON FL 33429-4406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0589847 Not Applicat Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NOVOTAK, ANDREW G Street Address (P.O. Box Number is Not Acceptable) 501 IBIS DRIVE **DELRAY BEACH FL 33444** City Zip Code 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. Lam familiar with, and access the obligations of registered agent. SIGNATURE Signature, typed or particul name of registerod agent and titlo it applicable (NOTE: Registered Agent segnature required when resistating) DATE FILE NOW!!! FEE.IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE ☐ Change Addition TITLE NOVOTAK, ANDREW G NAME NAME U00000482221 04/11/06-80063-015 150.00 501 IBIS DRIVE STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33444 City-St-IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 3)1) £ MAME NAME STREET ADDRESS STREET ADDRESS Cary-ST-202 CHY-ST-ZIP Addition mr ☐ Delute ☐ Charkre NAME MAME STRELLI ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIF ☐ Delete ☐ Change Addition 1 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 31115 Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change Addition mill RELE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED** 

3/16/06 561.441-6293