

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000028937

FILED
Apr 30, 2006
Secretary of State

Entity Name: ALDRICH & ASSOCIATES OF ORMOND BEACH, INC.

Current Principal Place of Business:

1474 W GRANADA BLVD
SUITE 485
ORMOND BCH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

1474 W GRANADA BLVD
SUITE 485
ORMOND BCH, FL 32174 US

New Mailing Address:

FEI Number: 59-3373259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D
4 OLD KINGS ROAD NORTH
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALDRICH, SANDRA
Address: 28 SEA VISTA DR
City-St-Zip: PALM COAST, FL

Title: D () Delete
Name: ALDRICH, MELISSA
Address: 3648 GALWAY LN
City-St-Zip: ORMOND BCH, FL 32174

Title: D () Delete
Name: ALDRICH, TODD
Address: 3648 GALWAY LN
City-St-Zip: ORMOND BCH, FL 32174

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MOYLAN, AIMEE M
Address: 3648 GALWAY LN
City-St-Zip: ORMOND BEACH, FL 32174

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: TODD ALDRICH

D

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date