## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000039113

Entity Name: FIRST AMERICAN AFFILIATES, INC.

FILED Apr 18, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2075 CENTRE POINTE BLVD TALLAHASSEE, FL 32308				140 FOUNTAIN PARKWAY SUITE 210 ST. PETERSBURG, FL 33716		
Current Mailing Address:				New Mailing Address:		
2075 CENTRE POINTE BLVD TALLAHASSEE, FL 32308			140 FOUNTAIN PARKWAY SUITE 210 ST. PETERSBURG, FL 33716			
FEI Number:	59-3448126	FEI Number Applied For ( )	FEI Nun	nber Not Appl	Olicable ( ) Certificate of Status Desired (	)
Name and	Address of C	Current Registered Agent:		Name and	d Address of New Registered Agent:	
TALLAHAS The above	TRE POINTE E SSEE, FL 3230	08 US	urpose o	f changing i	its registered office or registered agent, or l	both,
SIGNATUF						
		nic Signature of Registered Age	nt		Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D () CONWAY, MIC 2075 CENTRE TALLAHASSEE	POINTE BLVD		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () HANSLI, ALFRE 2075 CENTRE TALLAHASSEE	POINTE BLVD		Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition CAMPERLENGO, FRANK 140 FOUNTAIN PARKWAY, SUITE 210 ST. PETERSBURG, FL 33716	
Title: Name: Address: City-St-Zip:	GREBER, ALAN	AIRY RD., STE 200		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LAROSA, MICH	AIRY RD., STE 200		Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition LAROSA, MICHAEL 140 FOUNTAIN PARKWAY, SUITE 210 ST. PETERSBURG, FL 33716	
Title: Name: Address: City-St-Zip:	P ( ) GALLAWAY, JA 2075 CENTRE TALLAHASSEE	POINTE BLVD		Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition GALLAWAY, JAMES N 140 FOUNTAIN PARKWAY, SUITE 210 ST. PETERSBURG, FL 33716	
Title: Name: Address: City-St-Zip:	V (X) GARRITY, RYA 2075 CENTRE TALLAHASSEE	POINTE BLVD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: MICHAEL LAROSA V 04/18/2006