


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90069 031 \*\*\*150.00

<b>DOCUMENT # P97000055729</b>	
1. Entity Name <b>LOOSE ASSOCIATES, INC.</b>	

Principal Place of Business <b>482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250 US</b>	Mailing Address <b>482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250 US</b>
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**DO NOT WRITE IN THIS SPACE**

66003431



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3453458</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>BURAK, RONNIE 482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250</b>
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURAK, CARL S 482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURAK, RONNIE L 482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLETCHER, JAMES M 482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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.

<b>SIGNATURE:</b> 	<b>3/10/06 (904) 247-3600</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Defense Phone #</small>



ATTACHMENT  
66005431

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

LOOSE ASSOCIATES, INC.  
482 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH, FL 32250 US

Subject: **LOOSE ASSOCIATES, INC.**

Reference Number: **P97000055729**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION