2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000057359

1. Entity Name
SCOTT A. GUZZI & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6041 KIMBERLY BLVD	6041 KIMBERLY BLVD
SUITE H	SUITE H
NORTH LAUDERDALE, FL 33068 US	NORTH LAUDERDALE, FL 33068 US

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0771838	Not Applicable

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

6. *Name and Address of Current Registered Agent*

GUZZI, SCOTT A
6041 KIMBERLY BLVD
SUITE H
NORTH LAUDERDALE, FL 33068

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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

U00000389875
01/23/06-80002-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	GUZZI, SCOTT A
STREET ADDRESS	11246 LAKEVIEW DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   1/05/2006   (954)973-0095

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