2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083626

Entity Name: ALAN DURR ASSOCIATES, INC.

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2061 PETIT CT APOPKA, FL 32712

Current Mailing Address: New Mailing Address:

2061 PETIT CT APOPKA, FL 32712

FEI Number: 59-3475480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 DURR, ALAN N
 DURR, ANNE M

 2061 PETIT CT
 2061 PETIT CT

 APOPKA, FL 32712
 US

 APOPKA, FL 32712
 US

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: ANNE M DURR 01/08/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition Name: DURR, ALAN N Name: DURR, ANNE M

 Name:
 DURR, ALAN N
 Name:
 DURR, ANNE M

 Address:
 2061 PETIT CT
 Address:
 2061 PETIT CT

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:
 APOPKA, FL 32712

Title: DS () Delete Title: DS (X) Change () Addition Name: DURR, ANNE M Name: CAVANAUGH, BERNADINE

 Name:
 CAVANACISH, BERNADINI

 Address:
 2061 PETIT CT

 City-St-Zip:
 APOPKA, FL 32712

 City-St-Zip:
 APOPKA, FL 32712

Title: () Delete Title: DS () Change (X) Addition

 Name:
 Name:
 NEVIES, AMY

 Address:
 Address:
 2072 PETIT COURT

 City-St-Zip:
 City-St-Zip:
 APOPKA, FL 32712

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: ANNE M DURR DPT 01/08/2007