


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000024205  
 1. Entity Name  
 CONTACT AMERICA GROUP, INCORPORATED



Principal Place of Business      Mailing Address  
 3062 PRESTIGE DRIVE      3062 PRESTIGE DRIVE  
 CLEARWATER, FL 33759      CLEARWATER, FL 33759

**DO NOT WRITE IN THIS SPACE**



02082006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3499641      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WALDRON, PAMELA C  
 3062 PRESTIGE DRIVE  
 CLEARWATER, FL 33759

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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: *Camela C Waldron*    *Pamela Waldron*    3.8.06  
Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)      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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WALDRON, PETER<br>3062 PRESTIGE DR<br>CLEARWATER, FL 33759       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>WALDRON, PAMELA<br>3062 PRESTIGE DRIVE<br>CLEARWATER, FL 33759 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: *Camela Waldron*    *Pamela Waldron*    3.8.06    787-669-1408  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #