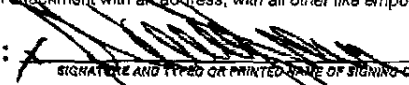


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000037792		
1. Entity Name VAUGHAN & ASSOCIATES, INC.		
Principal Place of Business 2800 RIVERSIDE DRIVE, #102B CORAL SPRINGS, FL 33065		Mailing Address 2800 RIVERSIDE DRIVE, #102B CORAL SPRINGS, FL 33065
DO NOT WRITE IN THIS SPACE		
<div style="text-align:right">02162006 No Chg-P CR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number 65-0829167</div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>		
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE
VAUGHN, STEPHEN 2800 RIVERSIDE DRIVE, #102B CORAL SPRINGS, FL 33065		
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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div style="text-align:right">000000474571 04/04/06-80030-001 150.00</div> DO NOT WRITE IN THIS SPACE
TITLE	P	
NAME	VAUGHAN, STEPHEN	
STREET ADDRESS	2800 RIVERSIDE DRIVE, #102B	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
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		
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: 		<div style="text-align:right">Date: MARCH 12/06 Daytime Phone # _____</div>