2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2005
Secretary of State

DOCUMENT# P98000060136

Entity Name: ASSOCIATED FINANCIAL, INC.

Current Principal Place of Business:

7545 E. TREASURE DRIVE
SUITE 3E
MIAMI, FL 33141 US

New Principal Place of Business:

505 FALLON DRIVE
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

7545 E.TREASURE DRIVE
SUITE 3E
MIAMI, FL 33141 US

New Mailing Address:

505 FALLON DRIVE
PORT ST. LUCIE, FL 34983 US

FEI Number: 65-0887335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESAW, COLIN
7545 E. TREASURE DRIVE
SUITE 3E
MIAMI, FL 33141 US

Name and Address of New Registered Agent:

ESAW, COLIN
505 SE FALLON DRIVE
PORT ST. LUCIE, FL 34983 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: COLIN ESAW 09/10/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSVT ( ) Delete
Name: ESAW, COLIN
Address: 7545 E. TREASURE DRIVE #3E
City-St-Zip: MIAMI, FL 33141 US

Title: D/P ( ) Delete
Name: ESAW, COLIN
Address: 7545 E. TREASURE DRIVE #3E
City-St-Zip: MIAMI, FL 33141 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSVT (X) Change ( ) Addition
Name: ESAW, COLIN
Address: 505 SE FALLON DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: D/P (X) Change ( ) Addition
Name: ESAW, COLIN
Address: 505 SE FALLON DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: COLIN ESAW P/D 09/10/2005
Electronic Signature of Signing Officer or Director Date