

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089255

FILED
Apr 28, 2006
Secretary of State

Entity Name: MASTRIANNI & ASSOCIATES, INC.

Current Principal Place of Business:

13500 SUTTON PARK DR SOUTH
SUITE 802
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13500 SUTTON PARK DR SOUTH
SUITE 802
JACKSONVILLE, FL 32224

New Mailing Address:

2483 DEMERE RD
SUITE 103
ST SIMONS ISLAND, GA 31522

FEI Number: 59-3623741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELVECCHIO, JAMES P
13500 SUTTON PK DR SOUTH, STE 802
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

MASTRIANNI, DONNA M
13500 SUTTON PARK DR SOUTH
SUITE 802
JACKSONVILLE, FL 32224 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: DONNA M MASTRIANNI

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: DELVECCHIO, DONNA MARIE
Address: 13500 SUTTON PK DR SOUTH, STE 802
City-St-Zip: JACKSONVILLE, FL 32224

Title: DVT (X) Delete
Name: DELVECCHIO, JAMES P
Address: 13500 SUTTON PK DR SOUTH, STE 802
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MASTRIANNI, DONNA MARIE
Address: 13500 SUTTON PK DR SOUTH, STE 802
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA M MASTRIANNI

PRES

04/28/2006

Electronic Signature of Signing Officer or Director

Date