## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000098154

FILED Jan 19, 2006 Secretary of State

Entity Nar	ne: ELECTRO	ONIC DATA	A, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
SUITE 210								
CLEARWATER, FL 33762  Current Mailing Address:				Now Maili	New Mailing Address:			
-				New Maining Address.				
SUITE 210	ERTON ROAD ATER, FL 3376							
FEI Number:	59-3607837	FEI Numb	er Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desire	ed (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
MAHAZ, RHONDA K 2026 IOWA AVENUE NE SAINT PETERSBURG, FL 33703 US				9876 INDIA	FLYNN, JAMES P 9876 INDIAN KEY TRAIL SEMINOLE, FL 33776 US			
	named entity s of Florida.	submits this	s statement for the p	urpose of changing i	ts registered	office or registered agent	, or both,	
SIGNATURE: JAMES P. FLYNN					01/19/2006			
	Electron	ic Signatur	e of Registered Age	nt		Date		
Election Can	npaign Financing	Trust Fund	Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PT () MAHAZ, RHONE 2026 IOWA AVE SAINT PETERS	ENUE NE	3703	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () VICKERY, SEAT 18819 CHAVILL LUTZ, FL 3355	E ROAD		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	ST () FLYNN, JAMES 9876 INDIAN KE SEMINOLE, FL	EY TRAIL		Title: Name: Address: City-St-Zip:	ST (X) FLYNN, JAME 9876 INDIAN F SEMINOLE, FI	KEY TRAIL		

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: JAMES P. FLYNN 01/19/2006 ST