

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90073 003 ***150.00

DOCUMENT # S63330 1. Entity Name PETER D. CUMMINGS & ASSOCIATES, INC.					
Principal Place of Business 3399 PGA BLVD SUITE 450 WEST PALM BEACH, FL 33410 US			Mailing Address 3399 PGA BLVD SUITE 450 WEST PALM BEACH, FL 33410 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0271491	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CUMMINGS, PETER D 3399 PGA BLVD SUITE 450 PALM BEACH GARDENS, FL 33410				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUMMINGS, KEITH L 3399 PGA BLVD, SUITE 450 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Geller, Karen D. 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, PETER D. 3399 PGA BLVD, SUITE 450 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stull, Jennifer 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMON, MICHAEL R 3399 PGA BLVD, SUITE 450 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREANER, IVY Z 3399 PGA BLVD, SUITE 450 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS DEAN, DAVID A 3399 PGA BLVD, SUITE 450 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S Dean, David A. 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEATH, PHILLIP C 3399 PGA BLVD, SUITE 450 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			David A. Dean 1/23/06 <small>Date</small>		
			561 630-6110 <small>Daytime Phone #</small>		