


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 849637
 1. Entity Name
ECONOMICS RESEARCH ASSOCIATES, INC.



Principal Place of Business 10990 WILSHIRE BLVD STE #1500 LOS ANGELES, CA 90024	Mailing Address 10990 WILSHIRE BLVD STE #1500 LOS ANGELES, CA 90024
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06202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3611116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD RAGER, TIMOTHY 10990 WILSHIRE BLVD LOS ANGELES, CA 90024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ANDERSON, AUSTIN 10990 WILSHIRE BLVD LOS ANGELES, CA 90024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRAUN, RAYMOND 10990 WILSHIRE BLVD LOS ANGELES, CA 90024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEE, WILLIAM 98 DUDLEY AVE OAKLAND, CA 94611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAXTER, CHERYL 20 E. JACKSON BLVD. CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, PATRICK 1101 CONNECTICUT AVENUE WASHINGTON, DC 20036

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 06/26/06-80003-015 150.00

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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:  **TIMOTHY RAGER** 6/20/06 (310)477-9585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone