

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

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2005*

DOCUMENT # F01000002129

1. Entity Name
 HABERFELD ASSOCIATES, INC.



Principal Place of Business
 206 S 13TH
 SUITE 1500
 LINCOLN, NE 68508

Mailing Address
 5100 N 27TH ST.
 STE. A2, #337
 LINCOLN, NE 68521



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1124940 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, VICTORIA
 19308 WIND DANCER STREET
 LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

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

Signature typed or printed name of registered agent and title if applicable

(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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PSTD
 HABERFELD, RALPH
 PO BOX 13015
 JACKSON, WY 83002

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 04/04/06-80044-003 150.00

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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:

Alan Friesen
 Alan Friesen

3-13-06

402-475-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DIYIETD PHONE #