


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 820135
 1. Entity Name
HALL CONTRACTING CORPORATION



Principal Place of Business Mailing Address
6415 LAKEVIEW ROAD **6415 LAKEVIEW ROAD**
PO BOX 560218 **PO BOX 560218**
CHARLOTTE, NC 28256 **CHARLOTTE, NC 28256**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
61-0489373 Not Applicable

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

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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	P MCCARTHY, MICHAEL W 112 ANCHOR LANE TROUTMAN, NC 28166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BRACEY, TAMMY M 10718 SPRUCE MOUNTAIN RD CHARLOTTE, NC 28214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP RUSSELL, DAVID A 5875 MISTY FOREST PLACE HARRISBURG, NC 28075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRACEY, TAMMY M 10718 SPRUCE MOUNTAIN RD. CHARLOTTE, NC 28214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/06-80037-003 150.00

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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: Tammy M. Bracey Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR