


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P14984 t. Entity Name M & N DREDGING CO., INC.	
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Principal Place of Business 1431 7TH STREET SOUTHPORT, FL 32409 US	Mailing Address P.O. BOX 8337 SOUTHPORT, FL 32409 US
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0495869	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

**NEWELL, JESSE R
1431 7TH STREET
SOUTHPORT, FL 32409**

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 _____ (NOTE: Registered Agent's 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

U00000514614
04/29/06-80177-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD NEWELL, JESSE A 1431 7TH STREET SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V NEWELL, KENNETH A. 9832 MORAR ROAD SOUTHPORT, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST NEWELL, KATHRYN 1431 7TH ST., P.O. BOX 8337 SOUTHPORT, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AST NEWELL, JESSE R. 1431 7TH STREET, P.O. BOX 8337 SOUTHPORT, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Jessie Newell Sec/Treas.* 4/14/06