2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257338

Entity Name: RALPH J. MACAULEY INC.

FILED Jan 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6267 DUPONT STATION COURT
P O BOX 10181

JACKSONVILLE, FL 322470181 US

6267 DUPONT STATION COURT
JACKSONVILLE, FL 322414960 US

Current Mailing Address: New Mailing Address:

6267 DUPONT STATION COURT P.O. BOX 10181

P O BOX 10181 JACKSONVILLE, FL 322470181 US JACKSONVILLE, FL 322470181 US

FEI Number: 59-0973364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACAULEY, EILEEN C
2700-C UNIVERSITY BLVD. W.
JACKSONVILLE, FL 32241 US

MACAULEY, EILEEN C
6267 DUPONT STATION COURT
JACKSONVILLE, FL 322414960 US

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.

SIGNATURE: EILEEN C. MACAULEY 01/14/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MACAULEY, EILEEN C, Name: Name: MACAULEY, EILEEN C, 906 WATERMAN RD S 6267 DUPONT STATION COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: JACKSONVILLE, FL 322414960 US

Title: D () Delete Title: () Change () Addition

 Name:
 LUKAS, DONNA S
 Name:

 Address:
 2300 COUNTY ROAD 13A N
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32092 US
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 CAROL ANN BOYDSTON,
 Name:

 Address:
 1639 TWIN LAKES CIRCLE
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32311 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN C. MACAULEY PRES 01/14/2007