


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 391944</b> 1. Entity Name FLORIDA ERECTION SERVICE, INC.	
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Principal Place of Business 1358 SW 1ST WAY DEERFIELD BCH., FL 33441	Mailing Address 1358 SW 1ST WAY DEERFIELD BCH., FL 33441
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1424909	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MCLENDON, M.D. 1358 S.W. 1ST WAY DEERFIELD BEACH, FL
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000627558 02/15/07-80063-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCLENDON, ETHEL L 3921 NE 24TH AVE LIGHTHOUSE PT, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLENDON, M D 3921 NE 24TH AVE LIGHTHOUSE PT., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLENDON, DONALD G. 14220 BLACKBERRY DRIVE WELLINGTON, FL 334148238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLENDON, MICHAEL D. 15156 ROBERTS WAY LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-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 on an attachment with an address, with all other, like empowered.

<b>SIGNATURE:</b> <i>M.D. McLendon</i> M.D. McLendon, President 2-5-07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<small>Date</small> 954-421-0575