

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Apr 03, 2006 8:00 am
Secretary of State

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02212006 Chg-P CR2E034 (11/05)

DOCUMENT # F04000003696			
1. Entity Name MCENERY AUTOMATION CORPORATION			
Principal Place of Business 887 BOLGER COURT ST. LOUIS, MO 63026		Mailing Address 887 BOLGER COURT ST. LOUIS, MO 63026	
2. Principal Place of Business <i>1086 Headquarters Park</i> Suite, Apt. #, etc.		3. Mailing Address <i>1086 Headquarters Park</i> Suite, Apt. #, etc.	
City & State <i>St. Louis MO</i>		City & State <i>St. Louis, MO</i>	
Zip <i>63026</i>	Country	Zip <i>63026</i>	Country
4. FEI Number 43-1650809		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCENERY, MICHAEL 887 BOLGER COURT ST. LOUIS, MO 63026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1086 Headquarters Park</i> <i>St. Louis, MO 63026</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCENERY, KEVIN 887 BOLGER COURT ST. LOUIS, MO 63026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1086 Headquarters Park</i> <i>St. Louis, MO 63026</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 files empowered.			
SIGNATURE: <i>Michael McEnery</i>		MICHAEL MCENERY	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/28/06</i> Daytime Phone # <i>636-717-1400</i>	