


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F57326
 1. Entity Name
M.V. CUMMINGS ENGINEERS, INC.



Principal Place of Business Mailing Address
6501 ARLINGTON EXPRESSWAY SUITE B-211 JACKSONVILLE, FL 32211 **6501 ARLINGTON EXPRESSWAY SUITE B-211 JACKSONVILLE, FL 32211**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2155619 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KELLY, WAYNE C.
6501 ARLINGTON EXPRESSWAY SUITE B-211 JACKSONVILLE, FL 32211

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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 _____ (NOTE: Registered Agent 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

03/14/06-80051-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CARNEY, LARRY M.
STREET ADDRESS	6501 ARLINGTON EXPRESSWY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	P
NAME	KELLY, WAYNE C.
STREET ADDRESS	6501 ARLINGTON EXPRESSWY
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wayne C. Kelly Wayne C. Kelly 3/1/06 904-724-0660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #