

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003871

FILED
Jun 30, 2005
Secretary of State

Entity Name: MCMURDO PAINS WESSEX, INC.

Current Principal Place of Business:

200 CONGRESS PARK DRIVE
SUITE 102
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

C/O LARRY D'ANDREA
121 N. COMMERCE DRIVE
CHESTER TOWNSHIP, PA 33324

New Mailing Address:

FEI Number: 59-3296934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EVANS, DAVID R
Address: 10 WORSLEY ROAD
City-St-Zip: SOUTHSEA HAMPSHIRE, P05 3DY UK

Title: VD () Delete
Name: RAYNER, PAUL A
Address: THE WELL HOUSE COLLINS LANE
City-St-Zip: HURSLEY HAMPSHIRE, S021 2JX UK

Title: D (X) Delete
Name: MULLINS, GARY J
Address: 8C LANGSTONE AVENUE
City-St-Zip: HAVANT HAMPSHIRE, FL P09 1RV UK

Title: V () Delete
Name: CHANDLER, JAMES
Address: 2683 NW 41ST STREET
City-St-Zip: BOCA RATON, FL 33434

Title: TS () Delete
Name: D'ANDREA, LAWRENCE M
Address: 175 WILLIAM PENN BLVD.
City-St-Zip: WEST CHESTER, PA 19382

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES CHANDLER

MGR

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date