


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000003871

1. Entity Name
MCMURDO PAINS WESSEX, INC.



Principal Place of Business 200 CONGRESS PARK DRIVE SUITE 102 DELRAY BEACH, FL 33445 US	Mailing Address C/O LARRY D'ANDREA 121 N. COMMERCE DRIVE CHESTER TOWNSHIP, PA 33324
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3296934	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

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

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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EVANS, DAVID R 10 WORSLEY ROAD SOUTHSEA HAMPSHIRE, P05 3DY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAYNER, PAUL A THE WELL HOUSE COLLINS LANE HURSLEY HAMPSHIRE, S021 2JX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHANDLER, JAMES 2683 NW 41ST STREET BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS D'ANDREA, LAWRENCE M 175 WILLIAM PENN BLVD. WEST CHESTER, PA 19382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/24/06-80072-009 150.00

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: Lawrence M. D'Andrea Secretary 1/09/06 610-829-3695

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