

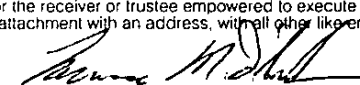


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90061 040 ***158.75

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3296934	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DP EVANS, DAVID R <input checked="" type="checkbox"/> Delete 10 WORSLEY ROAD SOUTHSEA HAMPSHIRE, P05 3DY		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David J. Price Allin Barn, Allins Lane, East Hendred Wantage, Oxon OX12 8JR, UNITED KINGDOM	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAYNER, PAUL A <input type="checkbox"/> Delete THE WELL HOUSE COLLINS LANE HURSLEY HAMPSHIRE, S021 2JX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHANDLER, JAMES <input checked="" type="checkbox"/> Delete 2683 NW 41ST STREET BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS D'ANDREA, LAWRENCE M <input type="checkbox"/> Delete 175 WILLIAM PENN BLVD. WEST CHESTER, PA 19382		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 like empowered.					
SIGNATURE: 			Date: 01/05/07 Daytime Phone #: 610-854-3695		