


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 15, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90292 025 \*\*\*150.00

<b>DOCUMENT # J14407</b> 1. Entity Name <b>MAPPCO, INC.</b>					
Principal Place of Business <b>3661 W STATE RD 84                  DAVIE FL 33312                  US</b>		Mailing Address <b>THOMAS DE SANTIS                  1563 CR 309/P.O BOX 127                  GEORGETOWN FL 32139</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2719397</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>33314</b>	Country <b>US</b>	Zip <b>32139</b>	Country <b>FLORIDA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DESANTIS, THOMAS                  1563 CR 309                  P.O BOX 127                  GEORGETOWN FL 32139</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Thomas De Santis</i>			DATE <i>6/9/06</i>		
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE SANTIS, SUSAN		NAME		
STREET ADDRESS	1563 CR 309/P.O BOX 127		STREET ADDRESS		
CITY-ST-ZIP	GEORGETOWN FL 32139		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE SANTIS, THOMAS		NAME		
STREET ADDRESS	1563 CR 309/P.O BOX 127		STREET ADDRESS		
CITY-ST-ZIP	GEORGETOWN FL 32139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Thomas De Santis</i>			DATE: <i>6/9/06</i> 954 483-5100		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		