


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # J39709</b> 1. Entity Name <b>MCBRIDE &amp; WARD, INC.</b>	
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Principal Place of Business <b>800 FIFTH AVENUE S #200 NAPLES FL 34102 US</b>	Mailing Address <b>800 FIFTH AVENUE S # NAPLES FL 33940-3627 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

-City & State  Zip Country	-City & State  Zip Country
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4. FEI Number <b>59-2733534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>WARD, JANICE M. 800 FIFTH AVENUE S #200 NAPLES FL 34102</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME	DPAT WARD, WILLIAM J. <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	800 FIFTH AVENUE S #200 NAPLES FL 34102
TITLE NAME	DVS WARD, JANICE M. <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	800 FIFTH AVENUE S #200 NAPLES FL 34102
TITLE NAME	DCT MCBRIDE, CLYDE <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1333 OCEAN AVE. MANTOLOKING NJ
TITLE NAME	DVAS MCBRIDE, LORRAINE <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1333 OCEAN AVE. MANTOLOKING NJ
TITLE NAME	D WARD, TREVOR E <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4855 TAMARIND RIDGE DR NAPLES FL 34119
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	U000000682428 04/05/07-80002-018 150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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:** *Janice M. Ward* Janice M. Ward 3/27/07 239-263-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #