2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61972

Entity Name: W.H. MCCOMB, INC.

FILED Apr 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19424 DAKOTA COURT 9360 LISTOW TERRACE BOCA RATON, FL 33434 BOYNTON BEACH, FL 33437

Current Mailing Address: New Mailing Address:

19424 DAKOTA COURT 9360 LISTOW TERRACE BOCA RATON, FL 33434 BOYNTON BEACH, FL 33437

FEI Number: 31-0963411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCOMB, WILLIAM

19424 DAKOTA COURT

BOCA RATON, FL 33434 US

MCCOMB, WILLIAM

9360 LISTOW TERRACE

BOYNTON BEACH, FL 33437 US

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: 04/23/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MCCOMB, WILLIAM H. J, R MCCOMB, WILLIAM H. J, R Name: Name: 19424 DAKOTA COURT 9360 LISTOW TERRACE Address: Address: City-St-Zip: BOCA RATON, FL City-St-Zip: BOYNTON BEACH, FL 33437

Title: O () Delete Title: () Change () Addition

 Name:
 STARLING, BRIAN,
 Name:

 Address:
 19414 DELAWARE CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33434
 City-St-Zip:

() Delete Title: Title: (X) Change () Addition MCCOMB, WILLIAM CORY Name: MCCOMB, WILLIAM CORY Name: 19432 DELAWARE CIRCLE 9521 RICHMOND CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: WILLIAM H. MCCOMB O 04/23/2006