2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 16, 2007
Secretary of State

DOCUMENT# K06815

Entity Name: MCBRIDE & MCBRIDE, INC.

Current Principal Place of Business:

102 EGRET RD.
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

102 EGRET RD.
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2861569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLES, JOSEPH L., JR.
120 CHARLOTTE STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCBRIDE, JOHN P.,
Address: 102 EGRET RD.
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VS ( ) Delete
Name: MCBRIDE, KEITH,
Address: 102 EGRET RD.
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T ( ) Delete
Name: MCBRIDE, JACQUELINE
Address: 102 EGRET RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: MCBRIDE, KEITH,
Address: 102 EGRET RD.
City-St-Zip: ST AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: MCBRIDE, RYAN
Address: 102 EGRET RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify 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: JOHN MCBRIDE PD 06/16/2007

Electronic Signature of Signing Officer or Director — Date