2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN **DOCUMENT # K46888 Secretary of State** EDWARD V. MONAHAN, INCORPORATED Principal Place of Business Mailing Address 933 POMPANO DRIVE 933 POMPANO DRIVE JUPITER, FL 33458 US JUPITER, FL 33458 US 02052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0091372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONAHAN, EDWARD V. DO NOT WRITE 933 POMPANO DR JUPITER, FL 33458 IN THIS SPACE 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees U00000426934 10. OFFICERS AND DIRECTORS DΡ TITLE MONAHAN, EDWARD V. NAME STREET ADDRESS 933 POMPANO DR CITY-ST-ZIP JUPITER, FL DST TILLE MONAHAN, TERESE V. NAME STREET ADDRESS 933 POMPANO DR CITY-ST-ZIP JUPITER, FL TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-78 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 507, 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

76/06 (772)971-1458

Devime Phone #