


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90042 004 \*\*\*\*50.00

<b>DOCUMENT # L01000015824</b>	
1. Entity Name <b>CONTRACT ONE, LLC</b>	

Principal Place of Business <b>507 WEST DR. MARTIN LUTHER KING BLVD PLANT CITY, FL 33566</b>	Mailing Address <b>P.O. DRAWER X PLANT CITY, FL 33563</b>
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**20034723**

2. Principal Place of Business <b>1501 S. Alexander St.</b>	3. Mailing Address <b>P.O. Box 3566</b>
Suite, Apt. #, etc. <b>Suite 101</b>	Suite, Apt. #, etc.
City & State <b>Plant City, FL</b>	City & State <b>Plant City, FL</b>
Zip <b>33563</b>	Country
Zip <b>33563</b>	Country

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3749105</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MCGRATH, LOUIS W 507 WEST DR., MARTIN LUTHER KING JR BLVD PLANT CITY, FL 33566</b>	
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGRATH, LOUIS W 507 W. DR. MLK JR BLVD PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1501 S. Alexander St, Suite 101 Plant City, FL 33563</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGRATH, GAIL C 507 W. DR. MLK JR BLVD PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1501 S. Alexander St, Suite 101 Plant City, FL 33563</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b> <u><i>Joe C. McLaughlin</i></u>	<u>4-18-06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #