2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# L03000026926

Entity Name: MHA AND ASSOCIATES LLC

Current Principal Place of Business:

375A NORTH 9TH AVENUE
PENSACOLA, FL 32502

New Principal Place of Business:

375A NORTH 9TH AVENUE
SUITE A
PENSACOLA, FL 32502

Current Mailing Address:

375A NORTH 9TH AVENUE
PENSACOLA, FL 32502

New Mailing Address:

375A NORTH 9TH AVENUE
SUITE A
PENSACOLA, FL 32502

FEI Number: 27-0080268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMAHON, DONALD III
375A NORTH 9TH AVENUE
PENSACOLA, FL 32502 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ANTOON, LOUIE A	
Address:	375 NORTH 9TH AVENUE	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	MGR	( ) Delete
Name:	MCMAHON, DONALD	
Address:	375 NORTH 9TH AVENUE	
City-St-Zip:	PENSAOLA, FL 32502	
Title:	MGRM	( ) Delete
Name:	HADDER, WILLIAM H	
Address:	375 NORTH 9TH AVENUE	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	MGRM	( ) Delete
Name:	MCMAHON, JOHN W	
Address:	375 NORTH 9TH AVENUE	
City-St-Zip:	PENSACOLA, FL 32502	

ADDITIONS/CHANGES:

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

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 is true and accurate and that my electronic 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.

SIGNATURE: THERESA LOCICERO CONT 01/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date