2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED ... Apr 20, 2006 08:00 Al Secretary of State DOCUMENT # M74482 1. Entity Name THOMAS A. MAHONEY INC. Principal Place of Business Mailing Address % THOMAS A. MAHONEY 1240 S.W. 28TH AVENUE BOYNTON BEACH FL 33426 % THOMAS A. MAHONEY 1240 S.W. 28TH AVENUE **BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0033627 Not Applicable Zίο Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAHONEY, THOMAS A. 1240 S.W. 28TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33426** City 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 Signature, typerficir protect name of registered agent and little if applicable INOTE Registered Agent cignature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DEF Delete TITLE ☐ Change Addition MAME MAHONEY, THOMAS A. MAME U00000519401 05/02/06-80052-016 150.00 STREET ADDRESS 1240 SW 28TH AVE. STREET ADDRESS CITY-ST-ZIP **BOYTON BEACH FL** CITY - ST- ZIP Delete TITLE HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY - ST- ZIP ☐ Delete _ THILE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-SI-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attagnizing with an address, with all other like empowered.