


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90045 010 ***550.00

DOCUMENT # P01000042536 1. Entity Name MICHAEL J. MCCLLOUD, INC.					
Principal Place of Business 13196 BRECHNER ST SPRING HILL, FL 34609			Mailing Address 13196 BRECHNER ST SPRING HILL, FL 34609		
2. Principal Place of Business 4709 Bayridge Ct		3. Mailing Address 4709 Bayridge Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Spring Hill, FL		City & State Spring Hill, FL		4. FEI Number 59-3717405	
Zip 34606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Michael J. McCloud Street Address (P.O. Box Number is Not Acceptable) 4709 Bayridge Ct City Spring Hill FL Zip Code 34606		
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 <u><i>Michael J. McCloud</i></u> President 5-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCCLLOUD, MICHAEL J 13196 BRECHNER ST SPRING HILL, FL 34609		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCCLLOUD, DARLENE E 13196 BRECHNER ST SPRING HILL, FL 34609		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, 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: <u><i>Michael J. McCloud</i></u> President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-19-06 352-279-2123 <small>Date Daytime Phone #</small>		