

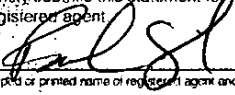
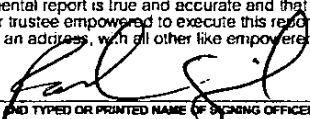


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90002 009 \*\*\*150.00

<b>DOCUMENT # P01000090953</b> 1. Entity Name <b>PAUL CUNNINGHAM CONSTRUCTION, INC.</b>					
Principal Place of Business <b>7367 SYLVAN DRIVE SANFORD, FL 32771</b>			Mailing Address <b>7367 SYLVAN DRIVE SANFORD, FL 32771</b>		
2. Principal Place of Business <b>102 Linda Ln</b> Suite, Apt. #, etc.		3. Mailing Address <b>102 Linda Ln</b> Suite, Apt. #, etc.			
City & State <b>Lk Mary Florida</b> Zip <b>32746</b> Country <b>USA</b>		City & State <b>Lk Mary Florida</b> Zip <b>32746</b> Country <b>USA</b>		4. FEI Number <b>59-3748244</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CUNNINGHAM, PAUL A 7367 SYLVAN DRIVE SANFORD, FL 32771</b>			7. Name and Address of New Registered Agent Name <b>Paul Cunningham</b> Street Address (P.O. Box Number is Not Acceptable) <b>102 Linda Ln L</b> City <b>Lk Mary</b> <b>FL</b> Zip Code <b>32746</b>		
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  <b>President</b> <b>8.15.06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <b>CUNNINGHAM, PAUL A</b> <b>7367 SYLVAN DRIVE</b> <b>SANFORD, FL 32771</b> Address change →		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Paul Cunningham</b> <b>102 Linda Ln</b> <b>Lake Mary FL 32746</b> <input checked="" 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	
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	
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: 			<b>8.15.06</b> <b>407.448.0782</b> <small>Date Daytime Phone #</small>		