2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 20, 2006 8:00 am **Secretary of State DOCUMENT # P01000121214** 03-20-2006 90001 028 ***150.00 MCAULIFFE & ASSOCIATES, INC. Principal Place of Business Mailing Address C/O CHRISTIAN S. MCAULIFFE PO DRAWER 60205 21724 MASTERS CIRCLE FORT MYERS, FL 33906 ESTERO, FL 33928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 Chq-P CR2E034 (11/05) City & State City & State 4. FEL Number Applied For 01-0550483 Not Applicable Zip 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 ROYSTON, ROBERT D JR Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD SUITE 101 FORT MYERS, FL 33907 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTOPS IN 11 TITLE ☐ Delete TITLE nangeسے Addition MCAULIFFE, CHRISTIAN S NAME NAME STREET ADDRESS 21724 MASTERS CIRCLE STREET ADDRESS CITY-ST-ZIP ESTERO, FL-33928-CITY-ST-ZIP TITLE ☐ Delete ☐ Addition MCAULIFFE, MARILYN B NAME NAME STREET ADDRESS 21724 MASTERS CIRCLE STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928-CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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

ER OR DIRECTOR

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

· CITY-ST-7IP* *

CITY-ST-ZIP

☐ Delete

☐ Delete

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Change

☐ Addition

■ Addition