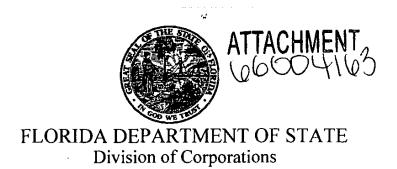
2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # P02000003789** 02-17-2006 90080 031 ***150.00 1. Entity Name PATRICK MCSWEENEY, PA Mailing Address Principal Place of Business 2466 HARBOUR COVE DRIVE FT PIERCE FL 34949 2466 HARBOUR COVE DRIVE FT PIERCE FL 34949 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 01-0674972 Not Applicable \$8.75 Additional Ζiρ Country Zin Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCSWEENEY, BARBARA Street Address (P.O. Box Number is Not Acceptable) 2466 HARBOUR COVE DRIVE FT PIERCE FL 34949 Zip Code 8. The above named gottity 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 gistered agent uuw SIGNATURE o el acontrolación INDIE: Reputated Asset signature returned when remutational 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. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Channe ☐ Addition MCSWEENEY, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 2466 HARBOUR COVE DRIVE CITY-SI-ZIP FT PIERCE FL 34949 CITY-ST-ZIP ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-ZIP CITY-ST-7/P Change Delete IIILE Addition MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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:

FILED

Mar 08, 2006 8:00 am



February 21, 2006

PATRICK MCSWEENEY, PA 2466 HARBOUR COVE DRIVE FT PIERCE, FL 34949

Subject: PATRICK MCSWEENEY, PA

Reference Number:

£02000003789

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION