


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # P02000016354 1. Entity Name A-TRIBUTE CONTRACTORS, INC. |  |
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| Principal Place of Business 7401 ABINGTON AVE NEW PORT RICHEY, FL 34655 | Mailing Address 7401 ABINGTON AVE NEW PORT RICHEY, FL 34655 |
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DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 80-0036476 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MCMAHON, DANIEL P 7401 ABINGTON AVE NEW PORT RICHEY, FL 34655 |
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**DO NOT WRITE
IN THIS SPACE**

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 *Daniel P. McMahon* (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000759216 05/24/07-80033-018 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVS MCMAHON, DANIEL P 7401 ABINGTON AVE NEW PORT RICHEY, FL 34655 |
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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: *Daniel P. McMahon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #