2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 05, 2007 08:00 AN Secretary of State **DOCUMENT # P02000098558** 1. Entity Name L.W. MURPHY CORPORATION Principal Place of Business Mailing Address 1626 CLUB DR 1626 CLUB DR VERO BCH, FL 32963 VERO BCH, FL 32963 02212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 42-1550537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURPHY, LEWIS W JR DO NOT WRITE 817 BEACHLAND BLVD VERO BCH, FL 32963 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PVTS** TITLE MURPHY, LEWIS W NAME STREET ADDRESS 1626 CLUBL DR CITY-ST-ZIP VERO BEACH, FL 32963 U00000655125 TITLE NAME STREET ADDRESS CRY-ST-ZP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

PRESIDENT

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR