2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Jul 07, 2005 08:00 AM DOCUMENT # P02000130926 Secretary of State D & L MCNEIL, INC. Principal Place of Business Mailing Address 35857 U.S. 19TH NORTH 35857 U.S. 19TH NORTH PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 No Chg-P CR2E034 (10/03) 06292005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0140272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MCNEIL, DEBORA M DO NOT WRITE 35857 U.S. 19TH NORTH PALM HARBOR, FL 34684 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Added to Fees Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME MCNEIL, DEBORA M 35857 U.S. 19TH NORTH STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34684 000000371129 TITLE D 07/07/05-80004-010 1Sm.mi MCNEIL, LARRY R NAME STREET ADDRESS 35857 U.S. 19TH NORTH CETY-ST-ZIP PALM HARBOR, FL 34684 TITLE MALKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS. CMY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CER OR DIRECTOR