


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000135547 1. Entity Name MCCREE ARCHITECTS & ENGINEERS, INC.	
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Principal Place of Business 500 E PRINCETON ST ORLANDO, FL 32803-1449	Mailing Address 500 E PRINCETON ST ORLANDO, FL 32803-1449
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04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3890102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCREE, RICHARD T SR 500 E PRINCETON ST ORLANDO, FL 32803-1449	
INS. OK	
PROJ. #01-51-84/20	
CC	
TYPE	
REL. LIA	
P/F/NONE	
DUE DATE 4-12-06	
EXTRA	

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POSTED BY
APR 14 2006
ACCOUNTING DEPT.

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 fee payable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCCREE, RICHARD T SR 500 E PRINCETON ST ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCREE, RICHARD T JR 500 E PRINCETON ST ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GAINES, RICHARD L 500 E PRINCETON ST ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, THOMAS F 500 E PRINCETON ST ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, JOE O 500 E PRINCETON ST ORLANDO, FL 328031449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Richard T. McCreedy, Jr. **4/14/06** **407 848-4821**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #