2005 FOR PROFIT CORPORATION

Apr 13, 2005 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P03000025526 MCALPIN GROUP, INC. Principal Place of Business Mailing Address P. O. BOX 111 25 W. CEDAR ST., SUITE 313 PENSACOLA, FL 32502 PENSACOLA, FL 32591 No Chg-P CR2E034 (10/03) 03092005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2100111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MCALPIN, RICHARD R 25 W. CEDAR ST., SUITE 313 PENSACOLA, FL 32502 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE MCALPIN, RICHARD R 25 W. CEDAR ST STREET ADDRESS CITY+ST-ZIP PENSACOLA, FL 32502 U00000300829 04/13/05-80007-011 150.00 NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE

12. 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 appropriate the proposer of the corporation of the cor

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF R OR DIRECTOR

FILED