

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000048396

1. Entity Name
MAINSTREET CORRIDORS, INC.



Principal Place of Business
ONE FINANCIAL PLAZA SUITE 2212
FT LAUDERDALE, FL 33394

Mailing Address
ONE FINANCIAL PLAZA SUITE 2212
FT LAUDERDALE, FL 33394

\$158.75

FILED

06 APR 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302006 No Chg-P CR2E034 (11/05) 06

4. FEI Number 20-0010709	Applied For Not Applicable
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5. Certificate of Status Desired X	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KILGALLON, PAUL J
ONE FINANCIAL PLAZA SUITE 2212
FT LAUDERDALE, FL 33394

**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

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
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	D KILGALLON, PAUL J ONE FINANCIAL PLAZA SUITE 2212 FT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/06--01026--009 **667.50

**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:

Paul J. Kilgallon

4/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell APR 69600764-8380