2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000090116

NAME STREET ADDRESS CITY - ST-ZIP

SIGNATURE:

MID ATLANTIC CORPORATION __ Mailing Address Principal Place of Business 2017 KING AIR CT. 2017 KING AIR CT. DAYTONA BCH, FL 32128 DAYTONA BCH, FL 32128 03112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0478495 Not Applicat \$8.75 Additional 5. Certificate of Status Desired 口 Fee Required 5. Name and Address of Current Registered Agent WARNELL, PAUL J DO NOT WRITE 2017 KING AIR COURT DAYTONA BEACH, FL 32128 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (WOTE: Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WARNELL, PAUL J NAME STREET ADDRESS 2017 KING AIR CT. DAYTONA BCH, FL 32128 CITY-ST-ZIP U00000471758 03/29/06-80009-007 150.00 TITLE WARNELL, BARBARA A NAME STREET ADDRESS 2017 KING AIR CT. CITY-SI-2IP DAYTONA BCH, FL 32128 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 officer 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 1 changed, or on an attachment with an address, with all other like empowered.

FILED Mar 17, 2006 08:00 AM

Secretary of State

386-316-625