2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

| Pincipal Place of Business 122 NR 342 TRAIL 0KECKNOBEE, FL 34972 2. Pincipal Place of Business 8 IRO U.S. How 1 | DOCUMENT # P04000014226 1. Entity Name MCALHANY CONSTRUCTION COMPANY | | | | | 04-27-2006 90218 028 ***150.00 | | | |
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| OKEECHOBEE, FL 34972 2. Principal Place of Business SIGN US Thoy 1 Sulte, April 4, otc. Sult | Principal Place | e of Business | Mailing Address | | 7 | | | | |
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| SPIEGEL & UTRERA, P. A. 1840 S. W. 25 T & FLR MIAMI, FL 33145 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 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 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 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 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 control of the con | | | | | 5. Certificate | of Status Desired | | | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI, FL 33145 Street Address (P.O. Box Number is Not Acceptable) City | 29761 | | | <u> </u> | 7. Name and | Address of New I | | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | 0015051 | | | Name | <u>-</u> | | | | |
| 8. The above named entity submits this statement for the purpose of changing its 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 site if applicable. (NOTE: Registered Agent spoketure required when namerating) DATE | 1840 SW 2 | 22 ST 4 FLR | | Street Address | (P.O. Box Number | er is Not Acceptable | le) | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. Typed or prized name of registered agent and sile if applicable. [NOTE: Registered Agent signature infaurity and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept | MIAMI, FL | 33145 | | - | 1 | | | | |
| 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 Sprakure, typad or pritted name of registered and life if appicable. (NOTE Registered Agent appratuse required when rematuring) DATE FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP MCALHANY, JAMES G STREET ADDRESS CITY-ST-ZIP TITLE ST DATE Delete STREET ADDRESS CITY-ST-ZIP TITLE ST DELET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | City | | | FI Zip Co | de | |
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| ## After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. | SIGNATURE_ | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Reg | istered Agent signature réquir | red when reinstating) | | DATE | | |
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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:

James Malhany

JAMES MCALLANY

4/25/06

112-388 0818

Daytime Phone #