

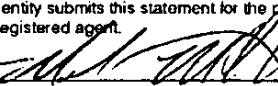
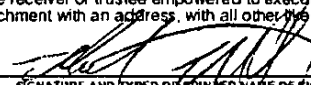


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/12/2005-90002-020-\$150.00-\$150.00

DOCUMENT # P04000109104 1. Entity Name MARK MCCLURE'S RESCREENING, INC.						FILED 05 OCT 17 AM 9:40 	
Principal Place of Business 2404 NE 6TH ST CAPE CORAL FL 33909				Mailing Address 2404 NE 6TH ST CAPE CORAL FL 33909			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address PO BOX 152213 Suite, Apt. #, etc.			
City & State Cape Coral FL				4. FEI Number 56-2476533		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33915		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCCLURE, MARK 2404 NE 6TH ST CAPE CORAL FL 33909				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 1 Sep 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCCLURE, MARK 2404 NE 6TH ST CAPE CORAL FL 33909			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1 Sep 2005 DAYTIME PHONE # 239 265 3700			