


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90206 024 \*\*\*150.00

<b>DOCUMENT # P04000123076</b> 1. Entity Name <b>MICHAEL LYNCH RESTORATIONS, INC.</b>																																																																																															
Principal Place of Business <b>11305 CLAYRIDGE DRIVE TAMPA, FL 33635</b>			Mailing Address <b>11305 CLAYRIDGE DRIVE TAMPA, FL 33635</b>																																																																																												
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																													
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-1607498</b>																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																											
6. Name and Address of Current Registered Agent  <b>LYNCH, MICHAEL J 11305 CLAYRIDGE DRIVE TAMPA, FL 33635</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																																																																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>P LYNCH, MICHAEL J</b></td> <td><b>11305 CLAYRIDGE DRIVE</b></td> <td><b>TAMPA, FL 33635</b></td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>P LYNCH, MICHAEL J</b>	<b>11305 CLAYRIDGE DRIVE</b>	<b>TAMPA, FL 33635</b>																																					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>P LYNCH, MICHAEL J.</b></td> <td><b>1503 E. 5TH AVE. APT. F.</b></td> <td><b>TAMPA, FL 33605</b></td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		<b>P LYNCH, MICHAEL J.</b>	<b>1503 E. 5TH AVE. APT. F.</b>	<b>TAMPA, FL 33605</b>																																				
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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.																																																																																															
<b>SIGNATURE:</b> _____ <b>MICHAEL J. LYNCH</b> <b>4/24/06</b> <b>813-814-1311</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>																																																																																															