
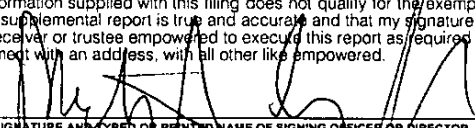


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90378 008 \*\*\*150.00

<b>DOCUMENT # P04000142792</b> 1. Entity Name <b>MICHAEL CAVANAUGH CORP</b>					
Principal Place of Business <b>660 LINTON BLVD</b> <b>218B</b> <b>DELRAY BEACH, FL 33444</b>			Mailing Address <b>660 LINTON BLVD</b> <b>218B</b> <b>DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business <b>660 LINTON BLVD</b> Suite, Apt. #, etc. <b>STE 218B</b> City & State <b>DELRAY BEACH, FL</b> Zip <b>33444</b>			3. Mailing Address <b>660 LINTON BLVD</b> Suite, Apt. #, etc. <b>STE 218B</b> City & State <b>DELRAY BEACH, FL</b> Zip <b>33444</b>		
4. FEI Number <b>20-1756113</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CAVANAUGH, MICHAEL</b> <b>1915 NEW HAVEN AVE.</b> <b>WELLINGTON, FL 33414</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVANAUGH, MICHAEL 660 LINTON BLVD, STE 218B DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1915 NEW HAVEN AVE</b> <b>WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAVANAUGH, JILLIAN 660 LINTON BLVD, STE 218B DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1915 NEW HAVEN AVE</b> <b>WELLINGTON, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>4/11/06</b> <b>5612434783</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					