

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000142792

1. Entity Name
MICHAEL CAVANAUGH CORP



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

05-01-2006 90378 008 ***150.00

Principal Place of Business
660 HENTAN BLVD
218B
DELRAY BEACH, FL 33444

Mailing Address
660 LINTON
660 HENTAN BLVD
218B
DELRAY BEACH, FL 33444

2. Principal Place of Business 660 LINTON BLVD Suite, Apt. #, etc. STE 218B	3. Mailing Address 660 LINTON BLVD Suite, Apt. #, etc. STE 218B
City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33444	Country 33444

04062006 Chg-P CR2E034 (11/05)
4. FEI Number
20-1756113

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent CAVANAUGH, MICHAEL 1915 NEW HAVEN AVE. WELLINGTON, FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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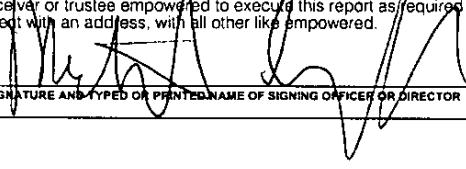
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1915 NEW HAVEN AVE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAVANAUGH, JILLIAN 660 LINTON BLVD, STE 218B DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1915 NEW HAVEN AVE WELLINGTON, FL 33414
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TITLE NAME STREET ADDRESS 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr. 4/1/06 5612434783

Date

Daytime Phone #