2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 03, 2006 8:00 am
Secretary of State
03-17-2006 90136 010 ***150.00

DOCUMENT # P05000006040

1. Entity Name
MCCULLAGH SCOTT & CHADWELL INC.

Principal Place of Business	Mailing Address
137 WEST ROBERTSON STREET BRANDON, FL 33511	P.O. BOX 1690 BRANDON, FL 33509

2. Principal Place of Business	3. Mailing Address
1721 S Kings Ave	1721 S Kings Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brandon FL	City & State: Brandon, FL
Zip: 33511 Country: US	Zip: 33511 Country: US

03152006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2106834 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPARKMAN, STEVEN L 212 NORTH COLLINS STREET, SUITE 1 PLANT CITY, FL 33563	Name: David R. Chadwell Street Address (P.O. Box Number is Not Acceptable): 1721 S. Kings Ave City: Brandon FL Zip Code: 33511

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] DATE: 3/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D CHADWELL, DAVID R P.O. BOX 1690 BRANDON, FL 33509	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1721 S Kings Ave Brandon, FL 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHADWELL, JAMES M P.O. BOX 1690 BRANDON, FL 33509	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1721 S. Kings Ave Brandon, FL 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCULLAGH, JAMES P P.O. BOX 1690 BRANDON, FL 33509	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 316 E. Bloomingdale Ave Brandon, FL 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, L. DAVID P.O. BOX 1690 BRANDON, FL 33509	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 316 E. Bloomingdale Ave Brandon, FL 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] DAVID R Chadwell 3/15/06 813 654 2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #