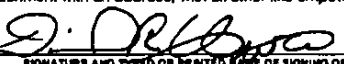


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 137 WEST ROBERTSON STREET BRANDON, FL 33511		Mailing Address P.O. BOX 1690 BRANDON, FL 33509	
2. Principal Place of Business 1721 S Kings Ave Suite, Apt. #, etc.		3. Mailing Address 1721 S Kings Ave Suite, Apt. #, etc.	
City & State Brandon FL		City & State Brandon, FL	
Zip 33511	Country US	Zip 33511	Country US
4. Name and Address of Current Registered Agent SPARKMAN, STEVEN L 212 NORTH COLLINS STREET, SUITE 1 PLANT CITY, FL 33563		4. FEI Number 20-2106834 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPARKMAN, STEVEN L 212 NORTH COLLINS STREET, SUITE 1 PLANT CITY, FL 33563		7. Name and Address of New Registered Agent 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:  DATE: 3/15/06 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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:  DAVID R. Chadwell		Date: 3/15/06 Daytime Phone #: 654 2881	