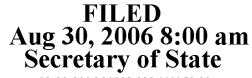
2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000019795

SIGNATURE:



1. Entity Name MCGARVEY & AFFILIATES, INC.						08-30-2006 90	0002 028	***150.0	90	
Principal Place of Business CATHEDRAL PLACE OFFICE BUILDING 24 CATHERDAL PLACE STE 309 ST AUGUSTINE, FL 32084		Mailing Address CATHEDRAL PLACE OFFICE BUILDING 24 CATHERDAL PLACE STE 309 ST AUGUSTINE, FL 32084			1 / 3 Fri ((3) 1 / 1		i ac iei (ivie (ex	N (1841 18 28) s il	16 8 21 (1 1 82 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07112006 Chg-P CR2E034 (11/05)					
City & State		City & State		-	4. FEI Number 42-	1360812	 2_		Applied For Not Applicable	
Zip	Country	Zip	Coun	try		of Status Desired	П	8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
CATHEDR	EY, JOHN H IAL PLACE OFFICE BUILDING IRDAL PLACE STE 309	3	Street Addres			(P.O. Box Number is Not Acceptable)				
ST AUGUSTINE, FL 32084										
				City			FL	Zip Code	9	
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 Stophure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing \$5						In accordance w corporation did				
10.	OFFICERS AND		11.		ADDITIONS.	CHANGES TO OFFI	CERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	DPST MCGARVEY, JOHN H 24 CATHEDRAL PLACE STE 30 ST AUGUSTINE, FL 32084	☐ Delete						Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST-ZIP		☐ Delete		!	_		-	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			· · · ·	_		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLI NAM STRE	E		,		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete						☐ 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.										