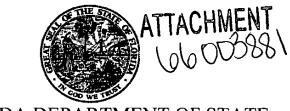
2006 FOR PROFIT CORPORAVION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # P05000021247** 02-20-2006 90051 024 ***150.00 1. Entity Name SWEENEY, INC. Principal Place of Business Mailing Address 66003881 554 JULIA STREET NEW SMYRNA BEACH FL 32168 US 554 JULIA STREET NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 43-207 446 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCSWEENEY, MICHAEL J 554 JULIA STREET Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32168** Zip Code 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, typest or printed name of registered agent and life if applicable INCITE: Registered Apart appearing required when tensistion) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee WIII Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tO. 11. THRE ☐ Belete TITLE ☐ Change Addition NAME MCSWEENEY, MICHAEL J NAME STREET ADDRESS 554 JULIA STREET STREET ADDRESS CITY-ST-ZP NEW SMYRNA BEACH FL 32168 CITY-ST-7P TITLE ☐ Deleta TITLE Change Addition NAME SWEENEY, JASON J HAME STREET ADDRESS 554 JULIA STREET STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP Change TITLE ☐ Delote BILE Addition SWEENEY, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 554 JULIA STREET CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-SI-778 Defete TITLE ☐ Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP THUE ☐ Change ☐ Addition HITLE Ucleto NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 affect as it 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 it changed, or on an attachment with an address, with all offer like ampowered. 2-8-06 386428-8282 SIGNATURE: ME OF SKNING OFFICER OR DIRECTOR

FILED Mar 07, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

SWEENEY, INC. 554 JULIA STREET NEW SMYRNA BEACH, FL 32168 US

Subject: SWEENEY, INC.

Reference Number:/

P0500002124

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD ANNUAL REPORTS SECTION