2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032512

FILED
Apr 03, 2006
Secretary of State

Entity Name: M-N-A'S HANDYMAN SERVICES INC.

Current Principal Place of Business:

LOT #65 6555 OLD LAKE WILSON RD.
DAVENPORT, FL 33896 US

New Principal Place of Business:

Current Mailing Address:

LOT #65 6555 OLD LAKE WILSON RD.
DAVENPORT, FL 33896 US

New Mailing Address:

LOT#65 6555 LOLD LAKE WILSON RD.
DAVENPORT, FL 33896 US

FEI Number: 20-2352394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLEN, MIKE E
LOT #65 6555 OLD LAKE WILSON RD
DAVENPORT, FL 33896 US

Name and Address of New Registered Agent:

ALLEN, MIKE E
LOT#65 6555 OLD LAKE WILSON RD
DAVENPORT, FL 33896 US

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.

SIGNATURE: MIKE E ALLEN 04/03/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALLEN, MIKE E
Address: LOT#65 6555 OLD LAKE WILSON RD
City-St-Zip: DAVENPORT, FL 33896 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE E ALLEN P 04/03/2006
Electronic Signature of Signing Officer or Director Date