


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

03-15-2006 90117 034 ***155.00
08-11-2006 90002 012 ***550.00

DOCUMENT # P05000129436 1. Entity Name SOUTHEASTERN CNC MACHINERY CO INC					
Principal Place of Business 201 TEAKWOOD CIR N. MIDDLEBURG, FL 32068 US				Mailing Address 201 TEAKWOOD CIR N. MIDDLEBURG, FL 32068 US	
2. Principal Place of Business 201 TEAKWOOD CIR N. Suite, Apt. #, etc.				3. Mailing Address 201 TEAKWOOD CIR N. Suite, Apt. #, etc.	
City & State MIDDLEBURG FL		City & State MIDDLEBURG FL		4. FEI Number 20-3519051	
Zip 32068		Country CLAY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCFADDEN, STEVEN M 201 TEAKWOOD CIR. N. MIDDLEBURG, FL 32068				7. Name and Address of New Registered Agent Name: STEVEN M. MCFADDEN Street Address (P.O. Box Number is Not Acceptable): 201 TEAKWOOD CIR. N. City: MIDDLEBURG FL Zip Code: 32068	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MCFADDEN, STEVEN M 201 TEAKWOOD CIR. N. MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MICHAEL BARONE 11202 GLENMORE DR WEST PALM BEACH FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWEAT, WILLIAM R 640 COUNTRY CLUB AVE. FORT WALTON BEACH, FL 32457 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MCFADDEN, SHANNON . K 8116 PLUNKETT AVE. ORLANDO, FL 32810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MCFADDEN, STEVEN K 201 TEAKWOOD CIR N. MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Steven M. McFadden</u> <u>19/14 30 06 President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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