2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 23, 2007 8:00 am Secretary of State

Secretary of State OP-23-2007 90039 031 *** 50.00 NCMAHON & ASSOCS, INC. Pincipal Place of Business		ANNOAI				1	Secre	tarv /	nt St	ate
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S. Certificate of Status Desired Statu	City & State		City & State			_	5196	236	_ / }_	
Name and Address of New Registered Agent	Zip	Country	Zip	Country		5. Certificate	of Status Desire	d 🔲		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	MOMALION DAVIS			Nar	me					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature The Now III FeE S \$150.00 Page Florida Page Pag	1916 TIMB	BÉRLINE DR		Stre	et Address (P.O. Box Numbe	er is Not Accept	able)	<u> </u>	
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 Soprature, typed or privide name of registered agent and the flaptocable (NOTE Registered Agent Signature (Troublet when remissions) DATE	NAPLES, F	FL 34109				•				
SIGNATURE Sprature, hybrid or contect name of registered agent and life if applicable FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT INTER ADDRESS CITY-S1-2P NAME MCMAHON, DAVE STREET ADDRESS CITY-S1-2P THE MAME STREET ADDRESS CITY-S1-2P THE DEIDER				City	1			FL	Zip Cod	e
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Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE D					<u> </u>					
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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 beart 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:

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-16-07

te Daytime Phone