

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25820

FILED
May 18, 2006
Secretary of State

Entity Name: M W BUILDERS CONSTRUCTION COMPANY

Current Principal Place of Business:

11100 ASH
100
LEAWOOD, KS 66211 US

Current Mailing Address:

11100 ASH
100
LEAWOOD, KS 66211 US

New Principal Place of Business:

40955 LOWELL AVE
300
OVERLAND PARK, KS 66210 US

New Mailing Address:

40955 LOWELL AVE
300
OVERLAND PARK, KS 66210 US

FEI Number: 43-0983084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLEY, PETER T
Address: 6753 VAHALLA COURT
City-St-Zip: SHAWNEE, KS 66217

Title: V (X) Delete
Name: HAWLEY, JOHN,
Address: 25103 171ST ST
City-St-Zip: LEAVENWORTH, KS 66048

Title: CEO (X) Delete
Name: MCBERMOTT, WILLIAM
Address: 20330 WEST 94TH TERR.
City-St-Zip: LENEXA, KS 66220

Title: VPSD (X) Delete
Name: CIMPL, DAVID
Address: 1222 W 60TH TERRACE
City-St-Zip: KANSAS CITY, MO 64113

Title: VPT (X) Delete
Name: BURT, DAVID A
Address: 1021 S.E. CLAREMONT
City-St-Zip: LEES SUMMIT, MO 64081

Title: D (X) Delete
Name: MITTS, HAROLD W JR
Address: 14004 WINDSOR
City-St-Zip: LEAWOOD, KS 66224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLEY, PETER T
Address: 40955 LOWELL AVE, STE 300
City-St-Zip: OVERLAND PARK, KS 66210

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

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

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

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: AMY EHNE

POA

05/18/2006

Electronic Signature of Signing Officer or Director

Date