

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

|                                                                                        |                                                                                   |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000087420</b><br>1. Entity Name<br><b>LABOR-COST MANAGEMENT, INC.</b> |  |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>225 TROY STREET<br/>FORT WALTON BEACH, FL 32548 US</b> | Mailing Address<br><b>225 TROY STREET<br/>FORT WALTON BEACH, FL 32548 US</b> |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

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01242006 No Chg-P CRZED34 (11/05)

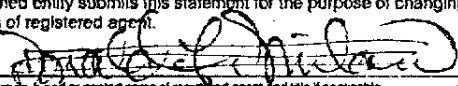
|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>59-3280071</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**MILAN, DONALD F  
235 SHALIMAR DRIVE  
SHALIMAR, FL 32579**

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IN THIS SPACE**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                                               |                                                                                                                           |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$350.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

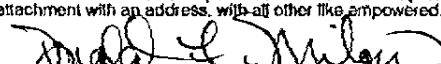
10. OFFICERS AND DIRECTORS

|                                                |                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VSD<br/>MILAN, DONALD F<br/>235 SHALIMAR DRIVE<br/>SHALIMAR, FL 32579</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD<br/>MILAN, FRANK<br/>2806 ARNOLD PALMER COURT<br/>SHALIMAR, FL 32579</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |

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07/07/06-80060-011 150.00

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:  **DONALD F. MILAN** 02/24/06 850 243-1018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #