2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 02, 2006 08:00 AN **DOCUMENT # P96000055086 Secretary of State** MCALDUFF AND HRENICK, INC. Principal Place of Business Mailing Address 1301 SW 2 STREET 1301 SW 2 STREET POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 02202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0690663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HRENICK, ANDREW DO NOT WRITE 1301 SW 2 STREET POMPANO BEACH, FL 33069 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_ Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature regulred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HRENICK, ANDREW NAME **1301 SW 2 STREET** STREET ADDRESS POMPANO BEACH, FL 33069 CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000A52727 CITY-ST-ZIP 03/13/06-80011-011 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 attachme address, with all other like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR