## 2006 FOR PROFIT CORPORATION

FILED Jun 20, 2006 8:00 am

DOCUMENT # P97000038821  LMC.C. SPECIALTY CONTRACTORS, INC.  Principal Pasce of Business P.O. BOX 881584 ORLANDO FL 32818  Abiling Activess P.O. BOX 881584 ORLANDO FL 32818  DRIANDO FL 32818  City A State City A S	ANNUAL REPURT (AR)					Sacratary of State				
Principal Place of Blushess						Secretary of State 05-05-2006 90227 001 ***476.25				
2. Principal Place of Business   2. Mailing Address	L.M.C.C. SPECIALTY CONTRACTORS, INC.									
Column   C	Principal Place of Business		Mailing Address							
2. Principal Place of Business  Suite. Apt. 4, etc.  State. Apt. 4, etc.  State. Apt. 4, etc.  City & State  City & State  City & State  City & State  Country  City & State  Country  City & State  Country  City & State  City &										
Suite, Apil. 4, etc.  City & State  Country  Country  Country  6. Name and Address of Current Registered Agent  Name  MIMS, LYNDELL L 1818, MULBERRYWOOD CT. ORLANDO FL 32818  City  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  City  City  City  FL  City  City  City  City  City  FL  City  C	OHLANDO F		ORLANDO FL 32818							
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  For Applications  S. Certificate of Status Desired  For Applications  For Applications  Signal Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  City  FL  Zip Code  Signal Address of Name Registered Agent Agent Address of Name Registered Agent Agent Address of Name Registered Agent Agent Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Signal Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Signal Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Signal Address of Name Registered Agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State of Florida. I am familiar with, and accept me or legistered agent, or both, in the State										
Country   Coun					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. 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 me obligations of registered agent are of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent are of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent are of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent,						4. FEI Number 59-3	3442318	No.	ot Applicable	
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B. 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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the properties of the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the state of Florida.	ORL	ANDO FL 32818				· · · · · · · · · · · · · · · · · · ·	·	····		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 HAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: