2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 05, 2005
Secretary of State

DOCUMENT# P97000072742

Entity Name: DAVIS & MCCAIN, INC.

Current Principal Place of Business:

P.O. DRAWER 550
FORT WALTON BEACH, FL 325490550

New Principal Place of Business:

P.O. DRAWER 550
FORT WALTON BEACH, FL 325491550 US

Current Mailing Address:

P.O. DRAWER 550
FORT WALTON BEACH, FL 325490550

New Mailing Address:

FEI Number: 59-3464290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, WILLIAM S ESQ.
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

DAVIS, WILLIAM A
349 HONEY COVE CT., SW
FORT WALTON BEACH, FL 32548 US

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: WILLIAM A. DAVIS 12/05/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: DAVIS, WILLIAM A
Address: 349 HONEY COVE COURT SW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DTS ( ) Delete
Name: MCCAIN, ELEANOR A
Address: 349 HONEY COVE COURT SW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: FOSTER, WILLIAM S
Address: 349 HONEY COVE COURT SW
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Section 119.07(3)(i), 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: WILLIAM A. DAVIS DPS 12/05/2005
Electronic Signature of Signing Officer or Director — Date