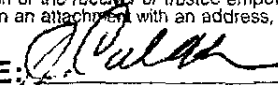


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000101465 1. Entity Name JOHN CALLAHAN, INC.					
Principal Place of Business 3370 PINEWALK DR. NORTH #1221 MARGATE FL 33063			Mailing Address 3370 PINEWALK DR. NORTH #1221 MARGATE FL 33063		
2. Principal Place of Business SAME			3. Mailing Address SAME		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 65-0445389	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOFIL, JOSEPH K P.A. 3284 N. STATE RD 7 LAUDERDALE LAKES FL 33319				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CALLAHAN, JOHN 3370 PINEWALK DR. NORTH #1221 MARGATE FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000504896 04/26/06-80096-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALLAHAN, PATRICK 3370 PINEWALK DR. NORTH #1221 MARGATE FL 33063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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:  JOHN CALLAHAN PRES			4/10/06 954-234-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		