


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # S34891
 1. Entity Name
MCNEW DEVELOPMENT CO., INC.



Principal Place of Business Mailing Address
5571 HALIFAX AVE. **5571 HALIFAX AVE.**
FT. MYERS, FL 33912 **FT. MYERS, FL 33912**

DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0244385 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fees Required**

6. Name and Address of Current Registered Agent

NOLAND, JOHN A.
1715 MONROE ST
FT. MYERS, FL 33901

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

04/27/06 00048-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	HARPER, DANIEL R.
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DCP
NAME	MCNEW, QUINTON B.
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DVT
NAME	INGE, RONALD E.
STREET ADDRESS	5571 HALIFAX AVE., #613
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	DS
NAME	ROZA, DENIS J.
STREET ADDRESS	14860 SIX MILE CYPRESS
CITY-ST-ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ *Ronald E Inge* 3/31/06 235-4544339

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