2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT May 03, 2006 08:00 AM Secretary of State DOCUMENT # V63839 1. Entity Name MIKE MURPHY CONSTRUCTION, INC. Mailing Address Principal Place of Business 2211 VINE STREET 2211 VINE STREET ORLANDO, FL 32806 ORLANDO, FL 32806 CR2E034 (11/05) 04252006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FE) Number Applied Far 59-3146093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURPHY, MICHAEL J. DO NOT WRITE 2211 VINE STREET ORLANDO, FL 32806 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 fille if applicable. (NOTE: Registered Agent signature required 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 MURPHY, MIKE NAME STREET ADDRESS 2211 VINE STREET CITY-ST-ZIP ORLANDO, FL 32806 TALE NAME U00000560238 05/18/06-80032-010 1**50.0**0 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-20P TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

4/28/06

407-509-2707