


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 703813 1. Entity Name MACTOWN, INC.	
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FILED

06 OCT -5 PM 1:10

Principal Place of Business 151 NE 62ND STREET MIAMI, FL 33138	Mailing Address 151 NE 62ND STREET MIAMI, FL 33138
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09202006	Chg-NP	CR2E037 (4/06)
4. FEI Number 59-6135600	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent BAIRD, STEVEN K P.A. 5981 NE SIXTH AVE MIAMI, FL 33137	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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.	100080499411 10/05/06--01042--010 **\$61.25
SIGNATURE _____	DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, PETER <input type="checkbox"/> Delete 8765 SW 176 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREIDMAN, EVAN <input type="checkbox"/> Delete 7000 SW 109TH TERRACE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZAKARIN, STANLEY DR. <input type="checkbox"/> Delete 375 CAMPANA AVENUE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOM, LEONARD ESQ <input type="checkbox"/> Delete 10000 SW 70TH AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYMAN, ERWIN <input type="checkbox"/> Delete 4525A PANDANUS TREE RD. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COHEN, JEFFREY ESQ. <input type="checkbox"/> Delete 297 SUNNY ISLES BLVD. MIAMI, FL 33160

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CLINT BOWER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 151 NE 62nd Street Miami, Florida 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: 	JEFFREY R. COHEN, D/S/T 9-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #