FILED
Jul 05, 2006 8:00 am
Secretary of State
07-05-2006 90003 035 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000027677

1. Entity Name
MC CLANEY ENTERPRISES POSITIVE YOUTH MENTORING,INC

Principal Place of Business	Mailing Address
2077 SAN MARINO WAY NORTH CLEARWATER, FL 33763 US	P.O. BOX 2061 DUNEDIN, FL 33763 US

40097910

03212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-3141132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONNER, PIERRE
2077 SAN MARINO WAY NORTH
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent
Name
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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P,VP NAME: CONNER, PIERRE STREET ADDRESS: 2077 SAN MARINO WAY NORTH CITY-ST-ZIP: CLEARWATER, FL 33763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 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: Pierre Conner 4/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

40097916 6-30-06

#P05000027677 2077 San Marino Way S

Clwt FL 33763

Good Evening

I didn't realize the error I caused, sorry. I called customer service once I retrieve the letter from my mail which was 6-28-06 and customer services stated to circle the date on the envelope I received which was 6-7-06. I hope there's no problem with the check and its date.

Thank U

ATTACHMENT
4009916
#P05000027677

DO NOT USE FOR REORDERING PURPOSES
Protect Your Duplicate Checks Store your duplicate checks in your check box.

☑ Track your expenses...
☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX-DEDUCTIBLE ITEM

0930

4-30-06

Divisions of Corporations
One-hundred fifty-eight dollars

#P05000027677.

BALANCE FORWARD	
THIS ITEM	158.75
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	

For enhanced security, your name and account number do not appear on this copy.

NOT NEGOTIABLE