2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90019 050 ***150.00

DOCUMENT # P05000053988

1. Entity Name
JIM MCLEAN TEXAS, INC.

Principal Place of Business	Mailing Address
1300 NW 167TH ST - STE 3 MIAMI, FL 33169	1300 NW 167TH ST - STE 3 MIAMI, FL 33169

02072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
4400 NW 87TH AVE MIAMI, FL 33178		4400 NW 87TH AVE MIAMI, FL. 33178	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2672755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CHARLES O JR
1300 NW 167TH ST - STE 3
MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name JIM MCLEAN
Street Address (P.O. Box Number is Not Acceptable) JIM MCLEAN GOLF SCHOOL
4400 N W 87TH AVE
City MIAMI, FL. 33178 FL Zip Code 33178

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 title if applicable. (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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCLEAN, JIM DORAL COUNTRY CLUB 4400 NW 87TH AVE. MIAMI, FL 331782192	☐ 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: Jim McLean 2/7/06 305-591-6409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #