

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N14000010038

Entity Name: MACCANOW INC.

Current Principal Place of Business:

346 PIKE ROAD, SUITE 3
WEST PALM BEACH, FL 33411

Current Mailing Address:

346 PIKE ROAD, SUITE 3
WEST PALM BEACH, FL 33411

FEI Number: 47-2186315

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, KURT
346 PIKE ROAD, SUITE 3
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TAYLOR, KURT
Address 5814 GYPSUM PLACE
City-State-Zip: WEST PALM BEACH FL 33413

Title CHAIRMAN
Name MCCORMACK, CHRIS
Address 346 PIKE ROAD, SUITE 3
City-State-Zip: WEST PALM BEACH FL 33411

Title TREASURER, DIRECTOR
Name TAYLOR, MELISSA
Address 5814 GYPSUM PLACE
City-State-Zip: WEST PALM BEACH FL 33413

Title DIRECTOR
Name FRANKLIN, AARON
Address 8512 VAL VERDE DRIVE
City-State-Zip: WEST HILLS CA 91304

Title SECRETARY, DIRECTOR
Name DEKEYSER, SUSAN
Address 1231 WASHINGTON ST.
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name BRENTON, RUTH
Address 902 OMAR
City-State-Zip: HOUSTON TX 77009

Title DIRECTOR
Name O'BRIEN, ADRIAN
Address 18 ELAINE CLOSE
City-State-Zip: GREAT SUTTON CHESHIRE

Title DIRECTOR
Name BAXAS, JOANNE
Address 3 NANCY STREET
City-State-Zip: CHELTENHAM VICTORIA 3192

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KURT TAYLOR

PRESIDENT

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	VON POSER, HENNING
Address	HIMMELGEISTER STRASS 11
City-State-Zip:	DUESSELDORF GERMANY D-40225