2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006935

23 LOCUST STREET

WOBURN, MA 01801

Address: City-St-Zip:

Entity Name: MARY MCKENNA & ASSOCIATES, INC.

FILED Apr 19, 2006 Secretary of State

y rea	1417 (171 141	CITEINIVI & ACCOCIATION, IIV	O .		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	HINGTON ST STER, MA 018	390			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	HINGTON ST STER, MA 018	390			
FEI Number	: 04-3466993	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	ND ROAD			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	,		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VTD (SULLIVAN, DA 123 WASHING WINCHESTER	TON STREET	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	CLRK (SULLIVAN, JE) Delete ANNE	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DAVID E SULLIVAN VTD	04/19/2006
SIGNATURE: DAVIDE SULLIVAN VID	