2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004456

Entity Name: MCHAEUSZER, INC.

FILED Feb 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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405 CAMPUS ST. P.O. BOX 470194

CELEBRATION, FL 34747 CELEBRATION, FL 34747

Current Mailing Address: New Mailing Address:

P.O. BOX 470194 CELEBRATION, FL 34747

FEI Number: 87-0645605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAEUSZER, DAVID 405 CAMPUS ST. CELEBRATION, FL 34747 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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HAEUSZER, DAVID HAEUSZER, DAVID Name: Name: P.O. BOX 470194 405 CAMPUS ST. Address: Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747

Title: VCST () Delete Title: VCST (X) Change () Addition

Name: HAEUSZER, TERESA Name: HAEUSZER, TERESA Address: 405 CAMPUS ST. P.O. BOX 470194 Address:

CELEBRATION, FL 34747 CELEBRATION, FL 34747 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

SIGNATURE: DAVID HAEUSZER CP 02/01/2006