



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F02000001428</b>			
1. Entity Name MCDONALD SECURITY CORPORATION			
Principal Place of Business 5021 COUNTRY MEADOWS BLVD SARASOTA, FL 34235		Mailing Address 5021 COUNTRY MEADOWS BLVD SARASOTA, FL 34235	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 41-0995655	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  MCDONALD, ROBERT J 5021 COUNTRY MEADOWS BLVD SARASOTA, FL 34235		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPVP MCDONALD, ROBERT J 5021 COUNTRY MEADOWS BLVD SARASOTA, FL 34235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCDONALD, ROBERT J 5021 COUNTRY MEADOWS BLVD SARASOTA, FL 34235		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, ANNE MARIE L 2200 MIDLAND GROVE RD., SUITE 205 ROSEVILLE, MN 55113		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Robert J. McDonald by POA</i>		Date: <i>April 18'06</i> (941) 379-5111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
<i>Anne Marie Thomas - for writing purposes as Mr. McDonald is now a quadriplegic</i>			