## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000003527

Title:

Name:

Address:

City-St-Zip:

CFO

() Delete

LANCE, RUSSELL O

2511 COUNTRY LANE

BALDWINSVILLE, NY 13027

Entity Name: MACKENZIE-CHILDS OF FLORIDA LTD., INC.

FILED Jun 07, 2006 Secretary of State

Littley Nai	HE. WACKEN	ZIE-CHIEDS OF FEORIDA ETI	D., INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
300 LOORTH AVE PALM BEACH, FL 33480			330 WORTH AVE PALM BEACH, FL 33	330 WORTH AVE PALM BEACH, FL 33480	
Current Mailing Address:			New Mailing Address:		
3260 STA1 AURORA,					
FEI Number:	02-0625970	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	ORATION SY TH PINE ISLA ON, FL 33324	ND ROAD			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ROWLAND, PL	KNEY STREET, SUITE 810	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V (X BACKER, MAR 3260 STATE R AURORA, NY	OUTE 90	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VOGEL, RHON	Y ROAD,SUITE 200	Title: Name: Address: City-St-Zip:	() 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.

Title:

Name:

Address:

City-St-Zip:

CFO

LANGE, RUSSÉLL O

2511 COUNTRY LANE

BALDWINSVILLE, NY 13027

(X) Change ( ) Addition

SIGNATURE: RUSSELL O LANGE CFO 06/07/2006