2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000092

Entity Name: MAYER HOFFMAN MCCANN P.C.

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	MAHAWK CRE D, KS 66211	EK PARKWAY				
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 500	TREE BLVD. ND, OH 44131					
FEI Number:	43-1947695	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
1200 S. PIN PLANTATIO	DRATION SYS NE ISLAND RE ON, FL 33324). US				
The above in the State		submits this statement for the p	urpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUF	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HANCOCK, WIL	WK CREEK PKY	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	BERKOWITZ, B 401 PLYMOUTH	Delete JARRY M H RD., SUITE 200 ETING, PA 19462	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLS, RICHAR	WK CREEK PRKY	Title: Name: Address: City-St-Zip:	BAUGH, ERN 5708 QUEEN		
Title: Name: Address: City-St-Zip:	TD () LESLIE, ROBEI 3101 NORTH C PHOENIX, AZ 8	RT ENTRAL AVE., SUITE 300	Title: Name: Address: City-St-Zip:	BRUNO, BEN	WACKER DR, STE 1800	
Title: Name: Address: City-St-Zip:	PERKINS, ANN	Delete E BLVD, STE 500 H 44131	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	BRUNO, BENEI	ACKER DR, STE 1700	Title: Name: Address: City-St-Zip:	NATION, PAU	PPS SUMMIT COURT	

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.

SIGNATURE: ANN PERKINS AS 03/28/2006