


FILED  
Apr 30, 2008 8:00 am  
Secretary of State

04-30-2008 90173 021 \*\*\*158.75

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F06000002998</b>			
1. Entity Name MCFARREN GROUP, INC.			
Principal Place of Business 13871 TONBRIDGE COURT BONITA SPRINGS, FL 34135 US		Mailing Address 6010 WATERMARK DRIVE CUMMING, GA 30040 US	
2. Principal Place of Business - No P.O. Box # 12130 Wicklow Lane		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, Florida		City & State	
Zip 34120		Country Collier	
4. FEI Number 25-1759846		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILSON, GARY K 5801 PELICAN BAY BLVD. SUITE 300 NAPLES, FL 34108-2709		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCFARREN, PHILLIP D 200 N. THIRD STREET #1100 HARRISBURG, PA 17101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Phillip D. McFarren 12130 Wicklow Lane Naples, Florida 34120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCFARREN, JOANNA 200 N. THIRD STREET #1100 HARRISBURG, PA 17101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Joanna McFarren 12130 Wicklow Lane Naples, Florida 34120 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

*Handwritten signature: Phillip D. McFarren*

4.25.08

1-717 319 7180  
1-330-351 8949