## 2006 FOR PROFIT CORPORATION

## FILED Feb 16, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT #F50135 MCKINNON ASSOCIATES, INC. Principal Place of Business Mailing Address 701 VIA BELLA 701 VIA BELLA WINTER PARK, FL 32789 WINTER PARK, FL 32789 02102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2143861 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCKINNON, GENEAN HAWKINS DO NOT WRITE 701 VIA BELLA WINTER PARK, FL 32789 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE NAME MCKINNON, GENEAN H 701 VIA BELLA STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 TITLE MCKINNON, JOEL NAME 701 VIA BELLA STREET ADDRESS

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under call; that I am an officer or director of 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 attachigent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP TITLE

MILE MAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

WINTER PARK FL 32789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR