2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86639

FILED Jan 08, 2009 Secretary of State

Entity Name: MCGUINNESS AND COMPANY, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|--|---|---|---|
| 010 WOO | DDLAND CEN | TER BLVD | | |
| | Ĺ 33614 US | 3 | | |
| urrent N | lailing Addres | ss: | New Mailing Addres | ss: |
| .O. BOX AMPA, F | 270599 L 336880599 | | | |
| El Number | : 59-2373936 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| ame and | l Address of C | Current Registered Agent: | Name and Address | of New Registered Agent: |
| | IESS, EDWAR PPY HOLLOW | AVE | | |
| | | JS | | |
| DESSA, ne above | FL 33556 I | | purpose of changing its registere | ed office or registered agent, or both, |
| DESSA, he above | FL 33556 lenamed entity ended of Florida. | | purpose of changing its registere | ed office or registered agent, or both, |
| DESSA, ne above the State | FL 33556 Unamed entity of e of Florida. | | | ed office or registered agent, or both, Date |
| DESSA, ne above the State GNATUI | FL 33556 Use named entity see of Florida. RE: Electror | submits this statement for the | | |
| DESSA, ne above the State IGNATUI ection Car | FL 33556 Use named entity see of Florida. RE: Electror | submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). | ent | |
| DESSA, ne above the State GNATUI | e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC | submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete EDWARD, HOLLOW AVE | ent | Date |
| DESSA, ne above the State GNATUI ection Car FFICER: le: le: lme: dress: | e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC P MCGUINNESS, 10321 HAPPY ODESSA, FL 3 | submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete EDWARD, HOLLOW AVE 33556) Delete MARY E., HOLLOW AVE | ent ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTORS |

I hereby certify that the information supplied with this filing does not qualify 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: MARY E. MCGUINNESS VT 01/08/2009