## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06878

Title:

Name:

Address:

City-St-Zip:

( ) Delete

DUKOVAC, YOLANDE M

ELLENTON, FL 34222

1010 NANCY GAMBLE LANE

FILED Jan 15, 2005 Secretary of State

Entity Nam	e: MCDONAL	D HILL VENTURES, INC.			ocorciary or on	att.	
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
1010 NANC ELLENTON	Y GAMBLE LA , FL 34222	NE					
Current Mailing Address:			New Mailir	New Mailing Address:			
1010 NANC ELLENTON	Y GAMBLE LA , FL 34222	NE					
FEI Number: 5	59-2461396	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desired (	)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
WALLACK, MICHAEL M. 27 FLETCHER AVENUE SARASOTA, FL 34237 US			1800 MAIN SUITE 1100	WALLACK, MICHAEL M. 1800 MAIN STREET SUITE 1100 SARASOTA, FL 34236 US			
The above r	named entity su of Florida.	bmits this statement for the pu	rpose of changing it	s registered o	office or registered agent, or	both,	
SIGNATURE:				01/15/2005			
	Electronic	Signature of Registered Ager	nt		Date		
Election Camp	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Address:	DP () E DUKOVAC, JOHN 1010 NANCY GAI ELLENTON, FL	MBLE LANE	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Name: Address:	VP () E WALLACK, MICH 27 FLETCHER A SARASOTA, FL	/E	Title: Name: Address: City-St-Zip:	VP (X WALLACK, MIO 1800 MAIN ST. SARASOTA, FL	, SUITE 1100		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE: JOHN P DUKOVAC P 01/15/2005

() Change () Addition