2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H91482

Name:

Address:

City-St-Zip:

FILED Nov 24, 2008 Secretary of State

Entity Name: MCAFEE ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1008 PARK AVENUE ORANGE PARK, FL 32073 US **Current Mailing Address: New Mailing Address:** 1008 PARK AVENUE ORANGE PARK, FL 32073 US FEI Number: 59-2615451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONTEGA BUSINESS SERVICES, LLC 554 LOMAX STREET JACKSONVILLE, FL 32204 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MCAFEE, ROBERT S Name: Name: 1008 PARK AVENUE Address: Address: City-St-Zip: ORANGE PARK, FL 32073 US City-St-Zip: Title: DPS Title: () Delete () Change () Addition Name: MCAFEE, ANN C Name: 1008 PARK AVENUE Address: Address: ORANGE PARK, FL 32073 US City-St-Zip: City-St-Zip: Title: Title: () Delete VΡ () Change (X) Addition MCAFEE, MICHAEL Name: Name: 1008 PARK AVENUE Address Address: City-St-Zip: City-St-Zip: ORANGE PARK, FL 32073 US Title: () Delete Title: VΡ () Change (X) Addition MCAFEE, MATTHEW S Name: Name: Address: Address: 1008 PARK AVENUE City-St-Zip: City-St-Zip: ORANGE PARK, FL 32073 US Title: Title: () Delete () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

MILLER, NATHAN

1008 PARK AVENUE ORANGE PARK, FL 32073 US

SIGNATURE: ROBERT S. MCAFEE DVT 11/24/2008