
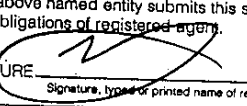
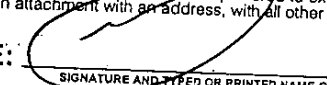


FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90071 002 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H92510		
1. Entity Name MCKINLEY, ITTERSAGEN, GUNDERSON & BERNTSSON, P.A.		
Principal Place of Business 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 US		Mailing Address 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 US
2. Principal Place of Business - No P.O. Box # 1861 Placida Road Suite, Apt. #, etc. #204 City & State Englewood, FL Zip 34223 Country USA		3. Mailing Address 1861 Placida Road Suite, Apt. #, etc. #204 City & State Englewood, FL Zip 34223 Country USA
4. FEI Number 59-2629363		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01032007 Chg-P CR2E034 (12/06)
6. Name and Address of Current Registered Agent MCKINLEY, MICHAEL 18401 MURDOCK CIRCLE PT. CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name McKinley, Michael R. Street Address (P.O. Box Number Is Not Acceptable) 1861 Placida Road, #204 City Englewood FL Zip Code 34223
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 1/8/07		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCKINLEY, MICHAEL R 18401 MURDOCK CIR PT CHARLOTTE, FL <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ITTERSAGEN, SCOTT D 1861 PLACIDA RD #204 ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GUNDERSON, MIKO P. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BERNTSSON, ROBERT H 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1861 Placida Road, #204 Englewood, FL 34223	
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"/> Change <input type="checkbox"/> Addition	
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"/> 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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/8/07 941-627-1000 Date Daytime Phone #		