


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # J37694 1. Entity Name S & D MAC, INC.		
Principal Place of Business 7560 N.W. 1ST CT. PEMBROKE PINES, FL 33024		Mailing Address 7560 N.W. 1ST CT. PEMBROKE PINES, FL 33024
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCNEIL, DOROTHY H. 7560 NW 1ST COURT PEMBROKE PINES, FL 33024		DO NOT WRITE 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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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	PD	DO NOT WRITE IN THIS SPACE
NAME	MCNEIL, DOROTHY H.	
STREET ADDRESS	7560 N.W. 1ST CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	VD	
NAME	WHITE, SUZANNE	
STREET ADDRESS	7560 N.W. 1ST COURT	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	TD	
NAME	WHITE, BARBARA	
STREET ADDRESS	126 CHAFFEY ROAD	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	SD	DO NOT WRITE IN THIS SPACE
NAME	WHITE, WILLIAM R.	
STREET ADDRESS	126 CHAFFEY ROAD	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Suzanne White</u> <u>Suzanne White, V. President</u> <u>1/29/07</u> <u>954-981-5713</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0026008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/06/07-80014-010 150.00