## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010056

FILED Jan 09, 2007 Secretary of State

Entity Name: SOUTHWEST MCDONALD'S MARKETING ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1023 5TH AVE. NORTH NAPLES, FL 34102			SUITE 203	1855 VETERANS PARK DR SUITE 203 NAPLES, FL 34109	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1023 5TH AVE. NORTH NAPLES, FL 34102			SUITE 203	1855 VETERANS PARK DR SUITE 203 NAPLES, FL 34109	
El Numbe	r: 20-0464079	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
O'REILLY, THOMAS F 1023 5TH AVE. NORTH NAPLES, FL 34102 US			1855 VETERANS P. SUITE 206	O'REILLY, THOMAS F 1855 VETERANS PARK DR SUITE 206 NAPLES, FL 34109 US	
	e named entity s te of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,	
SIGNATU	IRE:			01/09/2007	
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Γitle: Name:	LOVETT, RICK 3656 PEACE R		Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip:	1 OITH CONDA				
City-St-Zip: Fitle: Name: Address:	PD () FEWSTER, TH	NS GREEN DR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
	PD () FEWSTER, THO 11601 HAMPTO FORT MYERS,	DMAS G VP DNS GREEN DR FL 33913 US Delete MAS F TREAS ING CT	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THIOMAS F O'REILLY TREA 01/09/2007