2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 11, 2005 08:00 AM Secretary of State

DOCUMENT # P00000039277 1. Entity Name V. MCFADYEN, P.A.	
Principal Place of Business Mailing Address 360 SOUTHARD ST STE 106 KEY WEST, FL 33040 REY WEST, FL 33040 Mailing Address 300 SOUTHARD ST STE 106 KEY WEST, FL 33040	
DO NOT WRITE IN THIS SPA	04072005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent MCFADYEN, VICTORIA 300 SOUTHARD ST STE 106 KEY WEST, FL 33040	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 Signature typed or printed name of registered agent and title if application. (NOTE Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campalgn Fina Trust Fund Contribution	
10. OFFICERS AND DIRECTORS TITLE PT NAME MCFAYDEN, VICTORIA STREET ADDRESS 300 SOUTHARD ST STE 106 CITY-ST-ZIP KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS 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 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 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.	