2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059933

Entity Name: MCNAB & MCNAB ENTERPRISES T, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	NEY HIGHWAY E, FL 32791	, US						
Current Mailing Address:				New Mailing Address:				
P.O. BOX 7 FLAGLER	1230 BEACH, FL 32	2136						
FEI Number:	59-3654729	FEI Number Applied For ()	FEI Numl	ber Not Appli	cable ()	Certificate of St	atus Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
MCNAB, JAMES M JR 1328 A1A SOUTH FLAGLER BEACH, FL 32136 US				MCNAB, JAMES M JR 5185 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952 US				
The above in the State		ubmits this statement for the pu	ırpose of	changing it	s registered of	fice or register	red agent, or both,	
SIGNATURE:				04/26/2006				
Electronic Signature of Registered Agent						Date		
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () MCNAB, JAMES 519 STEEPLEC MELBOURNE, F	HASE LANE	1	Title: Name: Address: City-St-Zip:	P (X) MCNAB, JAMES 5185 SOUTH TR MERRITT ISLAN	OPICAL TRAIL	ion	
Title: Name: Address: City-St-Zip:	V () MCNAB, JAMES P.O. BOX 1230 FLAGLER BEAC		1	Title: Name: Address: City-St-Zip:	()	Change () Addit	ion	
Title: Name: Address: City-St-Zip:	D () HAMMOND, WA 507 STEEPLEC MELBOURNE, F	HASE LANE	1	Title: Name: Address: City-St-Zip:	()	Change () Addit	ion	
Title: Name: Address: City-St-Zip:	D () STAGLIANO, JC 797 NASSAU RC COCOA BEACH	DAD	1	Title: Name: Address: City-St-Zip:	()	Change () Addit	ion	
Title: Name: Address: City-St-Zip:	D () AYREY, CURTIS 1663 SILVERAD ROCKLEDGE, F	00 DR	1	Title: Name: Address: City-St-Zip:	()	Change () Addit	ion	
Title: Name: Address: City-St-Zip:	ST () STANTON, MAR 3424 ST JOHNS PALATKA, FL 3	AVE	1	Title: Name: Address: City-St-Zip:	ST (X) STANTON, MAR 1305 ST JOHNS PALATKA, FL 3	AVE	ion	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M MCNAB JR P 04/26/2006