

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000073973 1. Entity Name MCBEAN ENTERPRISES, INC.			06 OCT 19 PM 3:37
Principal Place of Business 1909 HARRISON ST SUITE 114 HOLLYWOOD, FL 33020		Mailing Address 20001 EAST OAKMONT DRIVE MIAMI, FL 33015	
2. Principal Place of Business 1908 Hollywood Blvd Suite, Apt. #, etc.		3. Mailing Address 1909 Harrison Street Suite, Apt. #, etc. #114	
City & State Hollywood, Florida		City & State Hollywood, Florida	
Zip 33020	Country U.S.A.	Zip 33020	Country U.S.A.
4. FEI Number 65-1038505		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, NEVILLE 1909 HARRISON ST SUITE 114 HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>			
FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCBEAN, GAVIN D <input type="checkbox"/> Delete 20001 EAST OAKMONT DRIVE MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081030567 10/19/06--01043--011 **558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>Gavin D McBean</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		10/19/06 954 806-9899 <small>Date Daytime Phone #</small>	

OCT 19 2006