2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P00000089740

Entity Name: MC DONALD'S INSURANCE AGENCY, INC.

Current Principal Place of Business:

5601 CORPORATE WAY
#110
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

679 SE 1ST ST.
BELLE GLADE, FL 33430

New Mailing Address:

1512 SAGEWOOD COURT
RIVIERA BEACH, FL 33404

FEI Number: 65-1041597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MC DONALD, LABRINA B
679 SE 1ST ST.
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

MC DONALD, LABRINA B
1512 SAGEWOOD COURT
RIVIERA BEACH, FL 33404 US

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.

SIGNATURE: LABRINA B MCDONALD 04/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MC DONALD, LA BRINA B
Address: 679 SE 1ST ST.
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: MC DONALD, RAYMONDO A
Address: 679 SE 1ST ST.
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: MC DONALD, LA BRINA B
Address: 1512 SAGEWOOD COURT
City-St-Zip: RIVIERA BEACH, FL 33404

Title: O (X) Change ( ) Addition
Name: MC DONALD, RAYMONDO A
Address: 1512 SAGEWOOD COURT
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LABRINA B MCDONALD O 04/18/2005
Electronic Signature of Signing Officer or Director Date