


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000071309</b>	
1. Entity Name <b>KEVIN MCAULIFFE SALES, INC.</b>	

Principal Place of Business <b>8811 PRATT DR NEW PORT RICHEY, FL 34654</b>	Mailing Address <b>8811 PRATT DR NEW PORT RICHEY, FL 34654</b>
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3732181</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MCAULIFFE, KEVIN  
8811 PRATT DR  
NEW PORT RICHEY, FL 34654**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<b>MCAULIFFE, KEVIN</b>
NAME	
STREET ADDRESS	<b>8811 PRATT DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34654</b>
TITLE <b>D</b>	<b>MCAULIFFE, ELIZABETH</b>
NAME	
STREET ADDRESS	<b>8811 PRATT DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34654</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/30/08-80005-010 150.00

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:** *Kevin McAuliffe* *Elizabeth McAuliffe* *1/22/08* *7278459115*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #