
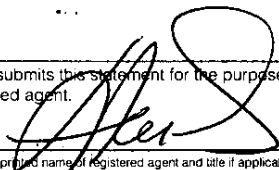
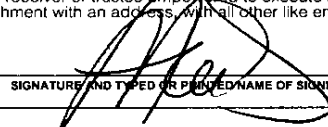


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90003 007 \*\*\*158.75

<b>DOCUMENT # P01000077438</b> 1. Entity Name THE MCKENZIE TRAINING GROUP, INC.					
Principal Place of Business <del>2000 W. OAKLAND PARK BLVD., STE 214</del> <del>FORT LAUDERDALE, FL 33311</del> 3511 W. Commercial Blvd Ste. 203, Ft. Lauderdale FL 33309			Mailing Address PO BOX 16494 PLANTATION, FL 33318		
2. Principal Place of Business 3511 W Commercial Blvd Suite, Apt. #, etc. 203		3. Mailing Address P O Box 16494 Suite, Apt. #, etc.			
City & State FL LAUDERDALE FL Zip 33309		City & State Plantation FL Zip 33318		Country USA	
4. FEI Number 74-3035934				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				05222006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  REID-HAMILTON, SHARON A 5573 PACIFIC BLVD. BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE: 6/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, KEISHA 5573 PACIFIC BLVD BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE: 6/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					