


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000086418
 1. Entity Name
 KING MACKEREL, INC.



Principal Place of Business Mailing Address
 920 PEACOCK DR. 920 PEACOCK DR.
 PALM BAY, FL 32907 PALM BAY, FL 32907

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 02-0552139 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAGANO, ALBERT S ESQ.
 551 S. APOLLO BLVD., SUITE 103
 MELBOURNE, FL 32902-0897

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME BRINEY, JEFFREY T
 STREET ADDRESS 920 PEACOCK DR.
 CITY-ST-ZIP PALM BAY, FL 32907

TITLE SD
 NAME CHALFANT, CAROL J
 STREET ADDRESS 920 PEACOCK DR.
 CITY-ST-ZIP PALM BAY, FL 32907

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 05/04/06-80103-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jeffrey T. Briney JEFFREY T. BRINEY 4-20-06 321-728-7143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #