


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90045 013 ***550.00

DOCUMENT # P02000001111
 1. Entity Name
 MCNEIL MANAGEMENT SERVICES, INC.



Principal Place of Business Mailing Address
 1463 OAKFIELD DR P.O. BOX 6235
 SUITE 141 BRANDON, FL 33508-6004
 BRANDON, FL 33511



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1463 Oakfield Dr.

Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 142

City & State City & State
 Brandon, FL

Zip Country Zip Country
 33511

07132007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 26-0010437 Not Applicable

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

6. Name and Address of Current Registered Agent
 PINNER, PAMELA J
 1463 OAKFIELD DR
 SUITE 141
 BRANDON, FL 33511

7. Name and Address of New Registered Agent
 Name Pamela J Pinner
 Street Address (P.O. Box Number is Not Acceptable)
 1463 Oakfield Dr. Suite 142
 City Brandon FL Zip Code 33511

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: *Pamela Pinner* DATE: 7/16/07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	PINNER, PAMELA J	1463 OAKFIELD DR. # 141	BRANDON, FL 33511	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1463 Oakfield Dr. #142	Brandon, FL 33511	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Pamela Pinner* DATE: 7/16/07 DAYTIME PHONE #: 813-571-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR