


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90124 036 ***150.00

DOCUMENT # P02000074661

1. Entity Name
 DONALD B. MCKAY, P.A.



Principal Place of Business Mailing Address

5623 US HWY 19 5623 US HWY 19
 SUITE 112 SUITE 112
 NEW PORT RICHEY, FL 34652 US NEW PORT RICHEY, FL 34652 US

20021739



2. Principal Place of Business 3. Mailing Address

6624 ROWAN Rd 6624 ROWAN Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State City & State

New Port Richey, FL New Port Richey, FL
 Zip Country Zip Country

34653 34653

4. FEI Number Applied For

01-0734158 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MCKAY, DONALD B
 5623 US HWY 19
 SUITE 112
 NEW PORT RICHEY, FL 34652

Name
 Street Address (P.O. Box Number is Not Acceptable)
 6624 ROWAN Rd
 City State Zip Code
 New Port Richey FL 34653

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 registration.

SIGNATURE ~~Donald B. McKay~~ DONALD B. MCKAY DATE 3-24-2006

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKAY, DONALD B 18547 QUEEN BROOKS CT HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5200 Abigail Dr. Spring Hill, FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 ~~Donald B. McKay~~ DONALD B. MCKAY DATE 3-24-2006 x 727-859-9585

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