2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089946

FILED Jan 14, 2009 Secretary of State

Entity Name: MCLAME	B MANAGEMEN I , INC.			
Current Principal Place of Business:		New Principal Place of Business:		
2981 SHOREWARD AV ORANGE PARK, FL 32				
Current Mailing Address:		New Mailing Address:		
2981 SHOREWARD AV ORANGE PARK, FL 32				
FEI Number: 03-0481976	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MCLAMB, JAMES N 2981 SHOREWARD AV ORANGE PARK, FL 32	_			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	

Title: Title: () Delete (X) Change () Addition MCLAMB, RICHARD P MCLAMB, RICHARD P TREAS Name: Name: 13644 ROCK FLINT COURT Address: 13644 ROCK FLINT COURT Address: City-St-Zip: CLIFTON, VA 20124 City-St-Zip: CLIFTON, VA 20124 Title: () Delete Title: (X) Change () Addition MCLAMB, JAMES N MCLAMB, JAMES N PRES Name: Name: Address: Address: 2981 SHOREWARD AVE 2981 SHOREWARD AVE ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 City-St-Zip: City-St-Zip: Title:

Title: (X) Change () Addition () Delete Name: MCLAMB, MICHAEL Name: MCLAMB, MICHAEL DIR Address: 1690 WOODMERE DRIVE Address: 1690 WOODMERE DRIVE City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES N. MCLAMB **PRES** 01/14/2009