

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128848

Entity Name: MCNALLY MANAGEMENT, INC

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 9021
LONGBOAT KEY, FL 34228

New Principal Place of Business:

521 HARBOR GATE WAY
LONGBOAT KEY, FL 34228

Current Mailing Address:

P.O. BOX 9021
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 90-0054833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL MCNALLY
P.O. BOX 9021
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

MICHAEL MCNALLY
521 HARBOR GATE WAY
LONGBOAT KEY, FL 34228 US

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.

SIGNATURE: MICHAEL MCNALLY

01/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCNALLY, PATRICK
Address: 12 RAINDANCE TRAIL
City-St-Zip: DILLON, CO 80435

Title: PD () Delete
Name: MCNALLY, MICHAEL
Address: 521 HARBOUR GATEWAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: MCNALLY, MOLLY E D
Address: 383 GRAND ST. M1901
City-St-Zip: NEW YORK, NY 10002 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MCNALLY, MICHAEL
Address: 521 HARBOR GATE WAY
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MCNALLY

PRES

01/29/2007

Electronic Signature of Signing Officer or Director

Date