

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000128848

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** MCNALLY MANAGEMENT, INC

**Current Principal Place of Business:**

521 HARBOR GATE WAY  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

2231 HARBOURSIDE DRIVE  
LONGBOAT KEY, FL 34228 US

**Current Mailing Address:**

P. O. BOX 9021  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

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

**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  
521 HARBOR GATE WAY  
LONGBOAT KEY, FL 34228 US

**Name and Address of New Registered Agent:**

MICHAEL MCNALLY  
2231 HARBOURSIDE DRIVE  
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

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: PD  
Name: MCNALLY, MICHAEL  
Address: 2231 HARBOURSIDE DRIVE  
City-St-Zip: LONGBOAT KEY, FL 34228 US

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W MCNALLY

PRES

01/13/2011

Electronic Signature of Signing Officer or Director

Date