

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90175 027 \*\*\*158.75

<b>DOCUMENT # P03000010085</b> 1. Entity Name <b>MACKENZIE RIVER, INC.</b>			
Principal Place of Business <b>300 FIRST AVE SOUTH SECOND FLOOR ST PETERSBURG, FL 33701</b>		Mailing Address <b>AMA C/O DARLENE GRAYSON 450 CARILLOW PKWY, STE 200 SAINT PETERSBURG, FL 33716</b>	
2. Principal Place of Business - No P.O. Box # <b>520 4th ST. N.</b>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ST. PETERSBURG, FL</b>		City & State	
Zip <b>33701</b>		Country <b>USA</b>	
4. FEI Number <b>30-0154618</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01112007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>GRAYSON, DARLENE C/O ASSET MGT ADVISORS 450 CARILLON PARKWAY SUITE 200 SAINT PETERSBURG, FL 33716</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MOREAN, WILLIAM D 618 PINTA DRIVE TIERRA VERDE, FL 33712</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MOREAN, WILLIAM D. 520 4th ST. N. ST. PETERSBURG, FL 33701</b>
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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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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3-25-07</b> Daytime Phone #	