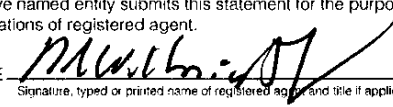


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90177 050 \*\*\*150.00

<b>DOCUMENT # P03000013766</b> 1. Entity Name <b>MCELROY MANAGEMENT COMPANY, INC.</b>					
Principal Place of Business <b>% NEAL W. KNIGHT, JR</b> <b>321 ROYAL POINCIANA PLAZA S.</b> <b>PALM BEACH, FL 33480</b>				Mailing Address <b>% NEAL W. KNIGHT, JR</b> <b>321 ROYAL POINCIANA PLAZA S.</b> <b>PALM BEACH, FL 33480</b>	
2. Principal Place of Business <b>340 Royal Poinciana Way</b> Suite, Apt. #, etc. <b>321</b>		3. Mailing Address <b>340 Royal Poinciana Way</b> Suite, Apt. #, etc. <b>321</b>			
City & State <b>Palm Beach, FL</b>		City & State <b>Palm Beach, FL</b>		4. FEI Number <b>54-2112717</b>	
Zip <b>33480</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KNIGHT, NEAL W JR.</b> <b>321 ROYAL POINCIANA PLAZA SOUTH</b> <b>PALM BEACH, FL 33480</b>				7. Name and Address of New Registered Agent Name <b>Neal W. Knight, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>340 Royal Poinciana Way, Suite 321</b> City <b>Palm Beach</b> <b>FL</b> Zip Code <b>33480</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <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	PD MCELROY, JOHN L 136 NORTH ADAMS STREET HINSDALE, IL 60521	<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	VPD LEBOUTILLIER, JOHN PO BOX 230 OLD WESTBURY, NY 11568	<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	<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	<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	<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	<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: 			4/27/06 <span style="float: right;">800 888 4299</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					