

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90472 002 ***150.00

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04252006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000020702					
1. Entity Name MICHAEL MCGEEHAN, INC.					
Principal Place of Business 2600 NE 10TH TERRACE WILTON MANORS, FL 33334			Mailing Address 2600 NE 10TH TERRACE WILTON MANORS, FL 33334		
2. Principal Place of Business 3230 SW 23 ST Suite, Apt. #, etc.			3. Mailing Address 3230 SW 23 ST Suite, Apt. #, etc.		
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL		4. FEI Number 56-2333896	
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGEEHAN, MICHAEL 2600 NE 10TH TERRACE WILTON MANORS, FL 33334			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 3230 SW 23 ST City FT LAUDERDALE FL Zip Code 33312		
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: MICHAEL MCGEEHAN, PRESIDENT DATE: 4/25/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP <input type="checkbox"/> Delete NAME MCGEEHAN, MICHAEL STREET ADDRESS 2600 NE 10TH TERRACE CITY-ST-ZIP WILTON MANORS, FL 33334			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS 3230 SW 23 ST CITY-ST-ZIP FT LAUDERDALE FL 33312		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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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.					
SIGNATURE: MICHAEL MCGEEHAN			Date 4/25/2006 Daytime Phone # _____		