


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # P03000079618 1. Entity Name MACK'S FOR SLACKS, INC. |  |
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FILED

06 OCT 19 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 2761 S.E. OCEAN BLVD STUART, FL 34996 US | Mailing Address 2761 S.E. OCEAN BLVD STUART, FL 34996 US |
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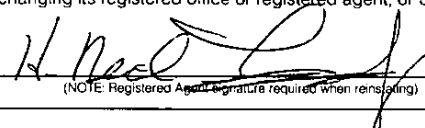
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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| 10022006 | Chg-P | CR2E034 (11/05) |
| 4. FEI Number 80-0072096 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BOURNE, ROBERT E 521 LAKE AVENUE SUITE #3 LAKE WORTH, FL 33460 | 7. Name and Address of New Registered Agent Name H. Neil Fountain, Jr. Street Address (P.O. Box Number is Not Acceptable) 2761 S.E. Ocean Blvd. City Stuart FL Zip Code 34996 |
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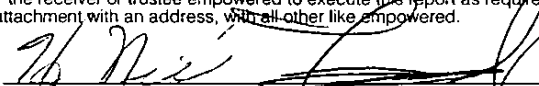
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **H. Neil Fountain, Jr.**  **Oct. 2, 2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning) DATE

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Delete MCCONNAUGHAY, PAUL 1119 SE CORAL REEF ST PORT ST> LUCIE, FL 34983 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition H. Neil Fountain, Jr. 932 La Costa Way, Dantana, FL 33462 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST <input checked="" type="checkbox"/> Delete MCCONNAUGHAY, PAUL 1119 SE CORAL REEF ST PORT ST LUCIE, FL 34983 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400081400444 10/31/06--01079--024 **\$1.25 |
| 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 |
| 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 |
| 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 |
| 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 |

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:  **10/02/06 (772) 463-8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #