2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 01, 2004 8:00 am **Secretary of State** DOCUMENT # P03000115425 03-01-2004 90034 043 ***158.75 1. Entity Name MACKAM, INC. Principal Place of Business Mailing Address 1239 THE POINTE DRIVE **539 CLEMATIS STREET** 54013358 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address 98 WOODLANDS RD GARDENS 102 MILNPARK Suite, Apt. #, etc. Suite, Apt. #, etc. 02192004 CR2E034 (10/03) Chg-P 373 4. FEI Number 43 - 2043461 Applied For City & State City & State Not Applicable ALASGOW GLASGOW SCOTLAND Country Country \$8.75 Additional 5. Certificate of Status Desired IK Fee Required UK. 641 1DI and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERRI HEFL HEFLIN, SHERRI A Street Address (P.O. Box Number is Not Acceptable) 200 S. CYPBESS T 1239 THE POINTE DRIVE WEST PALM BEACH, FLORIDA, FL 33409 City PomPan Thered ag Zin Code BEACH 33060 ٥۷ 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. SHERB! HEFUN - PRESIDENT name of registered agent and title if applicable (NOTE: Registered Agent signature required w 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change HEFLIN, SHEERI A. NAME HEFLIN, SHERRI A NAME 260 5. CHPRESS BD, #108 1239 THE POINTE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP POMPANO BEACH, FL 33060 ☐ Delete TITLE TITLE JOHNSON, RALPH H JOHNSON, TRALPH H. NAME NAME 42 MILNPARK GARDENS, #4 1239 THE POINTE DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-7IP CITY-ST-ZIP GLASGOH, SCOTLAND, UK G41 1DL ☐ Delete ☐ Addition TITLE Change | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

2/25/04 561-676-9092