## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 20, 2006 08:00 AM Secretary of State

ANNUAL REP	OKI		_	7141 20, 2000 00.00 1k
DOCUMENT # P03000138209  1. Entity Name ALLAN MCKINNEY SR., INC.	·			Secretary of State
Principal Place of Business Mailing	Address		}	
5641 FLAGLER STREET 5641 FLAGLER STREET				
HOLLYWOOD, FL 33023	WOOD, FL 33023			
50 107 110175 111	T: !/O OD!		03132006	No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		4. FEI Number Applied For		
			56-243	
			5. Certificate	e of Status Desired Status Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered	Agent	<u> </u>	1	
		]		
MCKINNEY, ALLAN SR. 5641 FLAGLER STREET		DO NOT WRITE		
HOLLYWOOD, FL 33023				
			IN	THIS SPACE
		{		
8. The above named entity submits this statement for the purpose	se of changing its register	ed office or register	red agent, or bo	oth, in the State of Florida. Lam familiar with, and accept
the obligations of registered agent.				
SIGNATURE				
Signature, typed or printed name of replatered agent and title if applic	able. (NOTE; Registere	of Agent signature required	of when reinstating)	DATE
	Election Campaign Final	ncina <b>¢</b> E	00	Lincold III
FILE NOW!!! FEE IS \$150.00 3.4 After May 1, 2006 Fee will be \$550.00	Trust Fund Contribution.		.00 May Be led to Fees	13000001474755 04/04/06-80037-803 150.00
<u> </u>				180 181 181 - 1800-900 ten ten
16. OFFICERS AND DIRECTOR:	<u> </u>			
NAME MCKINNEY, ALAN SR		1		
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12. ) hereby certify that the information supplied with this filing d	ops not muslifu for the over	emotions contained	in Chanter 11	9 Florida Slatidae I lighter cartifu that the information
indicated on this report or supplemental report is true and ac	courate and that my signa	ture shall have the	same legal effe	ct as if made under oath; that I am an officer or director
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 path; that I am an officer or director of the corporation or the receiving 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 tike empowered.				
SIGNATURE: Oxlian LIVICKINNEY 3-15-06				
SIGNATURE . SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECT	TOPE	<u> </u>	Date Dayrens Frions #