2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P04000019702

Entity Name: MCNINA INC.

Current Principal Place of Business:

628 CLEVELAND STREET
SUITE 302
CLEARWATER, FL 33755

New Principal Place of Business:

2708 ALTERNATE 19 NORTH
SUITE 601
PALM HARBOR, FL 34683

Current Mailing Address:

628 CLEVELAND STREET
SUITE 302
CLEARWATER, FL 33755

New Mailing Address:

2708 ALTERNATE 19 NORTH
SUITE 601
PALM HARBOR, FL 34683

FEI Number: 20-0654290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKONE, THOMAS C III
628 CLEVELAND STREET
SUITE 302
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

MCKONE, THOMAS C III
2708 ALTERNATE 19 NORTH
SUITE 601
PALM HARBOR, FL 34683 US

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.

SIGNATURE: _____ 04/27/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCKONE, THOMAS C III
Address: 628 CLEVELAND STREET, SUITE 302
City-St-Zip: CLEARWATER, FL 33755

Title: T ( ) Delete
Name: MCKONE, THOMAS C III
Address: 628 CLEVELAND STREET, SUITE 302
City-St-Zip: CLEARWATER, FL 33755

Title: VP ( ) Delete
Name: MCKONE, M. OLIVIA
Address: 628 CLEVELAND STREET, SUITE 302
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete
Name: MCKONE, M. OLIVIA
Address: 628 CLEVELAND STREET, SUITE 302
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCKONE, THOMAS C III
Address: 2708 ALTERNATE 19 NORTH SUITE 601
City-St-Zip: PALM HARBOR, FL 34683

Title: T (X) Change ( ) Addition
Name: MCKONE, THOMAS C III
Address: 2708 ALTERNATE 19 NORTH SUITE 601
City-St-Zip: PALM HARBOR, FL 34683

Title: VP (X) Change ( ) Addition
Name: MCKONE, M. OLIVIA
Address: 2708 ALTERNATE 19 NORTH SUITE 601
City-St-Zip: PALM HARBOR, FL 34683

Title: S (X) Change ( ) Addition
Name: MCKONE, M. OLIVIA
Address: 2708 ALTERNATE 19 NORTH SUITE 601
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C MCKONE III P 04/27/2005
Electronic Signature of Signing Officer or Director — Date