2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# P04000062065

Entity Name: CATRIONA MACKECHNIE, INC.

Current Principal Place of Business:

600 NORTH WESTSHORE BOULEVARD, SUITE 1200
TAMPA, FL 336091117

New Principal Place of Business:

600 NORTH WESTSHORE BOULEVARD, SUITE 1200
12 TH FLOOR
TAMPA, FL 336091117

Current Mailing Address:

600 NORTH WESTSHORE BOULEVARD, SUITE 1200
TAMPA, FL 336091117

New Mailing Address:

600 NORTH WESTSHORE BOULEVARD, SUITE 1200
SUITE 1200
TAMPA, FL 336091117

FEI Number: 84-1647370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKECHNIE, IAN
600 NORTH WESTSHORE BOULEVARD, SUITE 1200
TAMPA, FL 336091117 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MACKECHNIE, IAN	
Address:	600 NORTH WESTSHORE BOULEVARD, SUITE 1200	
City-St-Zip:	TAMPA, FL 336091117	
Title:	PD	( ) Delete
Name:	MACKECHNIE, CATRIONA J	
Address:	600 NORTH WESTSHORE BOULEVARD, SUITE 1200	
City-St-Zip:	TAMPA, FL 336091117	
Title:	D	( ) Delete
Name:	MACKECHNIE, IAN A	
Address:	600 NORTH WESTSHORE BOULEVARD, SUITE 1200	
City-St-Zip:	TAMPA, FL 336091117	
Title:	D	( ) Delete
Name:	MACKECHNIE, JEAN I	
Address:	600 NORTH WESTSHORE BOULEVARD, SUITE 1200	
City-St-Zip:	TAMPA, FL 336091117	
Title:	D	( ) Delete
Name:	MACKECHNIE, FRASER J	
Address:	600 NORTH WESTSHORE BOULEVARD, SUITE 1200	
City-St-Zip:	TAMPA, FL 336091117	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: IAN MACKECHNIE D 03/29/2007

Electronic Signature of Signing Officer or Director — Date