2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 08:00 AN Secretary of State

374171	TORE ILEI OILI	 , <i>I</i>
DOCUMENT # P040 1. Entity Name MCNALLY CAPITAL CORP.		
Principal Place of Business 276 NW BENTLEY CIR PORT ST LUCIE, FL 34986	Mailing Address 276 NW BENTLEY CIR PORT ST LUCIE, FL 34986	

PORT ST LU	CIE, FL 34986	PORT ST LUCIE, FL 34986		 			
			en e				
r	O NOT WRITE II	N THIS SPA	ce Ce	02152006	No Chg-P	CR2E034 (1	
	O INOT VVIXITE II			4. FEI Numbe 20-1728		}	Applied For Not Applicable
					of Status Desired		5 Additional Required
	6. Name and Address of Current Regis	stered Agent	. Mark Marine	را مخور را از دیده که در سیدوسرید		94 - A.S	on Valley or o
276 NW B	', DENNIS W ENTLEY CIR LUCIE, FL 34986				NOT WI		
	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flori	da. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registere	d Agent signature required	when reinstating)	<u> </u>	DATE	
FIL After M	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	noing \$5.	.00 May Be ed to Fees (\4/29/)		0510798′ 1 158.7%	
10.	OFFICERS AND DIRE	CTORS	<u> </u>	<u> </u>		1.	enon at severely from .
NAME	D MCNALLY, DENNIS W		1. p.c. = 1.0 1.0. A		in in the second of the second		
STREET ADDRESS CITY-ST-ZIP	276 NW BENTLEY CIR PORT ST LUCIE, FL 34986						
TITLE		-		, n			
NAME STREET ADDRESS			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		on fil. Lot lill levormi		
CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP			en e	DO	NOT WI	RITE	
TITLE NAME			and spire	- IN T	HIS SP	ACE	
STREET ADDRESS CITY - ST - ZIP							*
TITLE NAME						*****	
STREET ADDRESS CITY-ST-Z!P				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
TITLE			AND THE STATE OF T	TOTAL MATTER TO THE STATE OF TH			anga palaga bangga Jawa Sangara
NAME STREET ADDRESS					ئا اشمئاتان بارد کا رودود چوا ز جائمتن یتان ا ی ن اس	السن المساطأة در	
CITY-ST-ZIP			1 (12. <u>42)</u> 1 2 2 7 1		استائیود ترین الاعاد و در <u>الاعاد در در ترین الاع</u> اد و تار		را بالاهمين من علاي

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: Dan Josey	DENNIS	W MENAL	4 4/12/06	772-340-365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	G OFFICER OR DIRECTOR		Date	Daytime Phone #
•	•		4	ا تقد