

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90118 047 \*\*\*150.00

<b>DOCUMENT # P04000156928</b>					
<b>1. Entity Name</b> MCKENNA REALTY, INC.					
<b>Principal Place of Business</b> 4926 HAITI CIRCLE ORLANDO, FL 32808    US			<b>Mailing Address</b> 4926 HAITI CIRCLE ORLANDO, FL 32808    US		
<b>2. Principal Place of Business</b> 1950 Lee Rd Suite Apt. #, etc. 103A		<b>3. Mailing Address</b> Suite, Apt. #, etc.		20027204 	
<b>City &amp; State</b> WINTER PARK, FL Zip 32789    Country U.S.		<b>City &amp; State</b> City Zip Country		<b>4. FEI Number</b> 20-1927791 Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> MCKENNA, COLMAN D 4926 HAITI CIRCLE ORLANDO, FL 32808	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code				<b>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.</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKENNA, COLMAN D 4926 HAITI CIRCLE ORLANDO, FL 32808 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <b>COLMAN MCKENNA</b> 4/3/05    407-475-0002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					