2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P05000039261

Entity Name: MACKEN PRODUCTS INCORPORATED

Current Principal Place of Business:

3434 WILSON DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

3434 WILSON DRIVE
HOLIDAY, FL 34691

New Mailing Address:

4541 FLORA AVE
HOLIDAY, FL 34690

FEI Number: 84-1675506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKEN, MICHAEL H
3434 WILSON DRIVE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

MACKEN, MICHAEL H
4541 FLORA AVE
HOLIDAY, FL 34690 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: _____ 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MACKEN, MICHAEL H
Address: 3434 WILSON DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: VD ( ) Delete
Name: MITCHELL, STEPHEN L
Address: 2042 NORFOLK DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: SD ( ) Delete
Name: BARNHARDT, GLEN F
Address: 14080 OLYMPIC VILLAGE LANE
City-St-Zip: BROOKSVILLE, FL 34514

Title: TD (X) Delete
Name: CALHOON, DONALD W JR
Address: 3151 ELKRIDGE DRIVE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MACKEN, MICHAEL H
Address: 4541 FLORA AVE
City-St-Zip: HOLIDAY, FL 34690

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 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: STEPHEN L MITCHELL VD 04/29/2009
Electronic Signature of Signing Officer or Director — Date