


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90004 033 ***150.00

DOCUMENT # P05000071037
 1. Entity Name
MAC CLAN ENTERPRISES, INC.



Principal Place of Business Mailing Address
295 OCEAN VIEW LANE **295 OCEAN VIEW LANE**
UNIT A **UNIT A**
INDIALANTIC, FL 32903 US **INDIALANTIC, FL 32903 US**

50020498



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

05262006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
75-3191621 Not Applicable

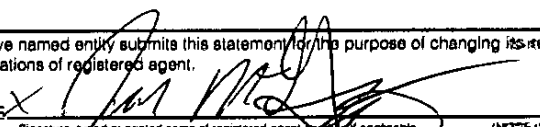
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name: **Jason McGinty**
 Street Address (P.O. Box Number is Not Acceptable): **295 Oceanview Lane Unit A**
 City: **Indialantic** FL Zip Code: **32903**

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.

SIGNATURE:  DATE: **5/26/06**

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	MCGINTY, JUDY	3991 EAST LAKE HERNANDO LANE	HERNANDO, FL 34442	<input type="checkbox"/>
D	MCGINTY, JASON	295 OCEAN VIEW LANE UNIT A	INDIALANTIC, FL 32903	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **5/20/06** DAYTIME PHONE #: **321-773-9792**