


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90359 022 ***150.00

DOCUMENT # P05000095652	
1. Entity Name MCLEAN BROTHERS INC.	

Principal Place of Business 8336 LAGOON ROAD FORT MYERS BEACH, FL 33931	Mailing Address 8336 LAGOON ROAD FORT MYERS BEACH, FL 33931
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2. Principal Place of Business - No P.O. Box # 40 Fairview Blvd	3. Mailing Address 40 Fairview Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Myers Beach FL	City & State Ft Myers Beach, FL
Zip 33931	Zip 33931
Country Lee	Country Lee



01072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent CHASE, CHRIS 8336 LAGOON RD FORT MYERS BEACH, FL 33931	
7. Name and Address of New Registered Agent Name Kathy Baldwin Street Address (P.O. Box Number is Not Acceptable) 40 Fairview Blvd City Ft Myers Beach FL Zip Code 33931	

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 Kathy Baldwin <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE 4-21-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, ERICK 5389 22ND AVE SW NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHASE, CHRIS 8336 LAGOON RD FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kathy Baldwin 40 Fairview Blvd Ft Myers Beach, FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REINOZO, DANILLO 4245 HERITAGE APT 203 NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathy Baldwin <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-21-08 Daytime Phone # 239-249-1757