

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000098425

Entity Name: MACLACHLAN GENERATORS, INC.

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

11206 CHALLENGER AVE.
UNIT B
ODESSA, FL 33556

Current Mailing Address:

11206 CHALLENGER AVE.
UNIT B
ODESSA, FL 33556

New Principal Place of Business:

11206 CHALLENGER AVE.
SUITE B
ODESSA, FL 33556

New Mailing Address:

11206 CHALLENGER AVE.
SUITE B
ODESSA, FL 33556

FEI Number: 20-3192359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACLACHLAN, BRYAN E
11206 CHALLENGER AVE.
UNIT B
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

MACLACHLAN, BRYAN E
11206 CHALLENGER AVE.
SUITE B
ODESSA, FL 33556 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: BRYAN MACLACHLAN

01/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACLACHLAN, DONALD E
Address: 11206 CHALLENGER AVE. UNIT B
City-St-Zip: ODESSA, FL 33556

Title: VSD () Delete
Name: MACLACHLAN, BRYAN E
Address: 11206 CHALLENGER AVE. UNIT B
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACLACHLAN, DONALD E
Address: 11206 CHALLENGER AVE. SUITE B
City-St-Zip: ODESSA, FL 33556

Title: VSD (X) Change () Addition
Name: MACLACHLAN, BRYAN E
Address: 11206 CHALLENGER AVE. SUITE B
City-St-Zip: ODESSA, FL 33556

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: BRYAN MACLACHLAN

V.P.

01/28/2008

Electronic Signature of Signing Officer or Director

Date