2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90082 029 ***150.00

DOCUMENT # P05000109859

1. Entity Name
CF MCKAY INC.

Principal Place of Business	Mailing Address
44 FERN CREST DR DEBARY, FL 32713	44 FERN CREST DR DEBARY, FL 32713

01252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
X 22 CHARLES ST	X 22 CHARLES ST
Suite, Apt # etc	Suite, Apt # etc
City & State: OCOEE, FL	City & State: OCOEE, FL
Zip: 34761	Zip: 34761

4. FEI Number 47-0960363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCKAY, CHRIS
44 FERN CREST DR
DEBARY, FL 32713

7. Name and Address of New Registered Agent
Name: X CHRISTOPHER F. MCKAY
Street Address (P.O. Box Number is Not Acceptable): 22 CHARLES ST
City: OCOEE FL Zip Code: 34761

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 ______________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKAY, CHRIS 44 FERN CREST DR DEBARY, FL 32713	☑ Delete	D MCKAY, CHRIS 22 CHARLES ST OCOEE, FL 34761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: X [signature] 1-26-07 (321) 663-5565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #