



*[Please note Address Change]*  
**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90184 002 \*\*\*150.00

<b>DOCUMENT # P06000018313</b> 1. Entity Name <b>D R MCKINNEY ENTERPRISES, INC.</b>					
Principal Place of Business <b>14108 GLENMOOR DR. 536 NW 44th Terrace, Deerfield Beach, FL 33442</b>		Mailing Address <b>14108 GLENMOOR DR. 536 NW 44th Terrace, Deerfield Beach, FL 33442</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <b>41-2197195</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04042007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>MCKINNEY, DAMIEN</b> <b>14108 GLENMOOR DR.</b> <b>W. PALM BCH, FL 33409</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCKINNEY, DAMIEN 14108 GLENMOOR DR. W. PALM BCH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/4/07 861-662-2995*