


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90002 001 \*\*\*150.00

<b>DOCUMENT # P06000018313</b>		
1. Entity Name D R MCKINNEY ENTERPRISES, INC.		

Principal Place of Business <del>536 NW 44TH TERRACE</del> <del>#202</del> <del>DEERFIELD BEACH, FL 33442</del>	Mailing Address <del>536 NW 44TH TERRACE</del> <del>#202</del> <del>DEERFIELD BEACH, FL 33442</del>
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2. Principal Place of Business - No P.O. Box # <b>1821 LYONS ROAD</b>	3. Mailing Address <b>1821 LYONS ROAD</b>
Suite, Apt. #, etc. <b>#102</b>	Suite, Apt. #, etc. <b>#102</b>

City & State <b>COCONUT CREEK, FL</b>	City & State <b>COCONUT CREEK, FL</b>
Zip <b>33063</b>	Country <b>USA</b>



08182008 Chg-P CR2E034 (12/06)

4. FEI Number <b>41-2197195</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
MCKINNEY, DAMIEN 536 NW 44TH TERRACE #202 DEERFIELD BEACH, FL 33442	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>1821 LYONS ROAD #102</b>	
City <b>COCONUT CREEK</b>	Zip Code <b>FL 33063</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MCKINNEY, DAMIEN <del>44108 GLENMOOR DR.</del> W. PALM BCH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1821 LYONS ROAD #102</b> <b>COCONUT CREEK, FL 33063</b>
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
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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: Damen McKinney **8-22-08** **954-663-0757**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #