
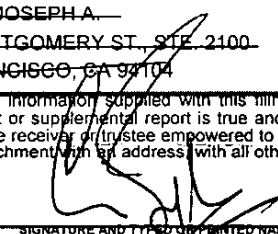


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90214 013 ***150.00

DOCUMENT # P08610 1. Entity Name MCLARENS YOUNG INTERNATIONAL, INC.					
Principal Place of Business 2600 Douglas Road Suite 906 Coral Gables, FL 33134		Mailing Address 180 MONTGOMERY STREET SUITE 2100 SAN FRANCISCO, CA 94104 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0289022	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WATTERS, MIKE 2600 DOUGLAS ROAD STE 906 CORAL GABLES, FL 33134-6134				7. Name and Address of New Registered Agent NOT APPLICABLE	
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.				FL	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Travel Fund Contribution Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CHALFANT, VERN 555 TRIANGLE PKWY, SUITE 200 NORCROSS, GA 30092	<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	CFO GABRIEL, GARY 555 TRIANGLE PKWY, SUITE 200 NORCROSS, GA 30092	<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	VP BROWN, GARY GALLERIA TOWER 100 W. BROADWAY, STE. 750 GLENDALE, CA 91210	<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 DEPOLE, RAY 180 MONTGOMERY ST., STE. 2100 SAN FRANCISCO, CA 94104	<input checked="" 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	VP STAFFORD, CHRIS 180 MONTGOMERY ST., STE. 2100 SAN FRANCISCO, CA 94104	<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	D EAIMALI, JOSEPH A. 180 MONTGOMERY ST., STE. 2100 SAN FRANCISCO, CA 94104	<input checked="" 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: 				CHRIS STAFFORD	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				4/24/2006 415.228.6400	