2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08610

Entity Name: MCLARENS YOUNG INTERNATIONAL, INC.

FILED Mar 14, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2600 DOUGLAS RD STE 906 MIAMI, FL 33134 US				2600 DOUGLAS RD STE 906 CORAL GABLES, FL 33134 US			
Current Mailing Address:				New Mailing Address:			
180 MONTGOMERY STREET SUITE 2100 SAN FRANCISCO, CA 94104 US							
FEI Number: 51-0289022 FEI Number Applied For () FEI Nu				umber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and	e and Address of New Registered Agent:			
STE 906	S, MIKE GLAS ROAD ABLES, FL 33	1346134 US					
The above in the State		submits this statement for the po	urpose o	of changing i	ts registered	office or	registered agent, or both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	nt				Date
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CHALFANT, VE	PKWY, SUITE 200		Title: Name: Address: City-St-Zip:	CEO CHALFANT, V 5555 TRIANO NORCROSS,	VERN SLE PKWY,	
Title: Name: Address: City-St-Zip:	GABRIEL, GAR	PKWY, SUITE 200		Title: Name: Address: City-St-Zip:	VP GABRIEL, GA 5555 TRIANC NORCROSS,	ARY SLE PKWY,	
Title: Name: Address: City-St-Zip:	BROWN, GARY	VER 100 W. BROADWAY, STE. 750		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	STAFFORD, CH	ERY ST., STE. 2100		Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	VP CHICK, SIMO 5555 TRIANO NORCROSS	ÒN SLE PKWY,	
Title: Name: Address:	()	Delete		Title: Name: Address:	DIR FAARUP, HE 5555 TRIANG	NRY SLE PKWY,	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH FAIMALI CFO 03/14/2007