


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

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|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P92000009240 1. Entity Name MCNALLY INSTITUTE, INC. |  |
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| Principal Place of Business 1637 SAND KEY EST CT CLEARWATER BEACH, FL 33767 US | Mailing Address 1637 SAND KEY EST CT CLEARWATER BEACH, FL 33767 US |
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01032007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3156024 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MCNALLY, WILLIAM 1637 SAND KEY ESTATES CT CLEARWATER, FL 33767 |
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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000577710 01/08/07-80025-023 150.00 |
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|------------------------------------------------|-------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCNALLY, WILLIAM J 1637 SAND KEYSTATES CT CLEARWATER, FL |
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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:  **WILLIAM J MCNALLY** **1/2/07** **727 403 1732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #