


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000017709

1. Entity Name
JIM MCLEAN ENTERPRISES, INC.



Principal Place of Business C/O DORAL GOLF LEARNING CENTER 4400 NW 87TH AVE. MIAMI, FL 33178	Mailing Address C/O DORAL GOLF LEARNING CENTER 4400 NW 87TH AVE. MIAMI, FL 33178
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02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0472635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCLEAN, JIM
 4400 NW 87TH AVENUE
 MIAMI, FL 33178**

DO NOT WRITE 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 _____ (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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEAN, JIM 4400 N.W. 87TH AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAIGE, JOEL 4400 NW 87 AVE MIAMI, FL 33178
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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 life-empowered.

SIGNATURE: *Jim McLean* 2/7/06 305-591-640

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #