


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 026 ***150.00

| | |
|---|---|
| DOCUMENT # P94000017709 1. Entity Name JIM MCLEAN ENTERPRISES, INC. |  |
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| 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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| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



| | | |
|---|-------------------------------|---------------------------------------|
| 04162007 | Chg-P | CR2E034 (12/06) |
| 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 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|--|

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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|------------------------|--|---|--|---|
| TITLE | P MCLEAN, JIM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4400 N.W. 87TH AVE. | | NAME | | |
| STREET ADDRESS | MIAMI, FL | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | V PAIGE, JOEL | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4400 NW 87 AVE | | NAME | | |
| STREET ADDRESS | MIAMI, FL 33178 | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | CFO RODRIGUEZ, OMAR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4400 NW 87TH AVE | | NAME | | |
| STREET ADDRESS | MIAMI, FL 33178 | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: Omara Rodriguez, CFO 4/16/07 305-591-6409

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