


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90015 049 ***150.00

DOCUMENT # P96000104327	
1. Entity Name MICHAEL J. MCNERNEY, P.A.	

Principal Place of Business 101 SE 3 AVE. SUITE 1500 FORT LAUDERDALE, FL 33301	Mailing Address 2732 NE 27 COURT FORT LAUDERDALE, FL 33306
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2. Principal Place of Business - No P.O. Box # 101 N.E. 3 AVE.	3. Mailing Address 796 N. RIO VISTA BLVD.
Suite, Apt. #, etc. SUITE 1500	Suite, Apt. #, etc. FT. LAUDERDALE, FL
City & State FORT LAUDERDALE, FL	City & State 33301 BROWARD
Zip 33301	Country BROWARD



07212008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0728239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCNERNEY, MICHAEL J 2732 NE 27 COURT FORT LAUDERDALE, FL 33306	7. Name and Address of New Registered Agent Name MCNERNEY, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 101 N.E. 3RD AVENUE, SUITE 1500 FT. LAUDERDALE 33301 City FL Zip Code
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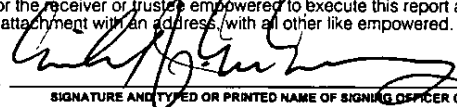
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **MICHAEL J. MCNERNEY** 7/21/08
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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MCNERNEY, MICHAEL J 2732 NE 27 COURT FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MCNERNEY, MICHAEL J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 N.E. 3RD AVENUE, SUITE 1500 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input 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:  **MICHAEL J. MCNERNEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/08 954-703-2121
Date Daytime Phone #