## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000087410**

1. Entity Name

MCCLELLAN ACQUISITION CORPORATION



FILED
Apr 23, 2008 08:00 AN
Secretary of State

Principal Place of Business

1001 E ATLANTIC AVE

STE 202

DELRAY BEACH, FL 33483

Mailing Address

WRITE IN THIS SPACE

1000 MARKET STREET

STE 202

DELRAY BEACH, FL 33483



01292008

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0494836

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

				11.	
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 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 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees	U00000914748 05/08/08-80059-014-150-00
10.	OFFICERS AND DIREC	CTORS	, ,	The same of the same of	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALSH, MARK 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALSH, MICHAEL 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALSH, WILLIAM 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483			DO	NOT WRITE
THILE NAME STREET ADDRESS CITY-ST-ZIP	P ABE, RICHARD C 1000 MARKET ST PORTSMOUTH, NH 03801			IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARD H 1001 E ATLANTIC AVE DELRAY BEACH, FL 33483				
TITLE NAME	ASD WALSH, PATRICK F				

12. I hereby certify that the information surplied with his 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 fine 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 fusted 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 address, with all other like information.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

IGNATURE A

1000 MARKET ST

PORTSMOUTH, NH 03801

YPED OR WHITED NAME OF SIGNING OFFICER OR DIREC

EXECUTIVE VICE PRESIDEN

(63)559-210