

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060101

FILED
Feb 08, 2008
Secretary of State

Entity Name: MCCLELLAND & ASSOCIATES, INC.

Current Principal Place of Business:

2963 GULF TO BAY BLVD.
STE. 120
CLEARWATER, FL 33759

New Principal Place of Business:

2963 GULF TO BAY BLVD.
STE. 330
CLEARWATER, FL 33759

Current Mailing Address:

2963 GULF TO BAY BLVD.
STE. 120
CLEARWATER, FL 33759

New Mailing Address:

2963 GULF TO BAY BLVD.
STE. 330
CLEARWATER, FL 33759

FEI Number: 59-3522873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD, STE. 100
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCLELLAND, RYAN P
Address: 2963 GULF TO BAY BLVD., STE.120
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCCLELLAND, RYAN P
Address: 2963 GULF TO BAY BLVD., STE.330
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYAN P. MCCLELLAND

D

02/08/2008

Electronic Signature of Signing Officer or Director

_____ Date