

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070700

FILED
Jan 09, 2008
Secretary of State

Entity Name: MCNALLY SIGNATURE HOMES, INC.

Current Principal Place of Business:

595 SW HARBOR STREET
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

595 SW HARBOR STREET
STUART, FL 34997

New Mailing Address:

FEI Number: 65-0914862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNALLY, DON
595 SW HARBOR ST
STUART, FL 34997 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: PDT () Delete
Name: MCNALLY, DON
Address: 595 SW HARBOR ST
City-St-Zip: STUART, FL 34997

Title: VSO () Delete
Name: MCNALLY, CHRISTOPHER
Address: 1563 SW ROYAL GREEN CIRCLE-BLDG B-UNIT 102
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSO (X) Change () Addition
Name: MCNALLY, CHRISTOPHER
Address: 4417 MCINTOSH PARK DRIVE, APT# 305
City-St-Zip: SARASOTA, FL 34232

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: CHRISTOPHER MCNALLY

VSO

01/09/2008

Electronic Signature of Signing Officer or Director

Date