

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070700

FILED
May 12, 2009
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:

1665 CODY LANE
FORT PIERCE, FL 34945

Current Mailing Address:

595 SW HARBOR STREET
STUART, FL 34997

New Mailing Address:

1665 CODY LANE
FORT PIERCE, FL 34945

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:

MCNALLY, DON
1665 CODY LANE
FORT PIERCE, FL 34945 US

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:

05/12/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: 4417 MCINTOSH PARK DRIVE, APT# 305
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: MCNALLY, DON
Address: 1665 CODY LANE
City-St-Zip: FORT PIERCE, FL 34945

Title: VSO (X) Change () Addition
Name: MCNALLY, CHRISTOPHER
Address: 5712 DEER HOLLOW LANE WEST
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: DON B. MCNALLY

PDT

05/12/2009

Electronic Signature of Signing Officer or Director

Date