

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000032799</b> 1. Entity Name S.E. MCDONOUGH & ASSOCIATES, INC.			
Principal Place of Business 4921 SOUTHFORK DRIVE SUITE 1 LAKE LAND, FL 33813		Mailing Address 4921 SOUTHFORK DRIVE SUITE 1 LAKE LAND, FL 33813	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01232007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3588523		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MCDONOUGH, SUSAN E 4921 SOUTHFORK DRIVE SUITE 1 LAKE LAND, FL 33813		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		000000603948 01/29/07-80028-023 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D MCDONOUGH, SUSAN E 1114 SHADOWBROOK DR N LAKE LAND, FL 33813	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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<b>DO NOT WRITE IN THIS SPACE</b>			
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: <i>Susan E. McDonough</i>		<i>Susan E. McDonough</i> 1-24-07 863-709-0590	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	