2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P99000044137 MACKEY DEVELOPMENT, INC. APPROVAL 150.00 Principal Place of Business Mailing Address 631 US HWY ONE 631 US HWY ONE SUITE 406 SUITE 406 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 3340B CR2E034 (11/05) 04042006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0920035 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACKEY, WALTER J JR DO NOT WRITE 631 US HWY ONE SUITE 406 IN THIS SPACE NORTH PALM BEACH, FL 33408 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 DATE Signature, typed or printed name of registered agent and title if applicable INDTE Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MACKEY JR, WALTER J NAME 772 LAGOON DR STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 WILLIAMS, EDWARD S NAME U00000531868 05/06/06-80061-020 150.00 STREET ADDRESS 6080 TERRA ROSA CIRCLE CITY-ST-ZIP BOYNTON BEACH, FL 33437 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 precise by 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 atta

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Davime Priore #