


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90034 031 ***150.00

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| DOCUMENT # S61244 |  |
| 1. Entity Name MCKAY PROPERTIES, INC. | |

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| Principal Place of Business 701 NW 13TH STREET APT B-1 BOCA RATON, FL 33486 US | Mailing Address 2424 NE 22ND ST POMPAÑO BEACH, FL 33062 US |
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|---|---|
| 2. Principal Place of Business 1908 NW 4th Ave Suite, Apt. #, etc. Suite 112 City & State Boca Raton, FL Zip 33432 Country | 3. Mailing Address 1908 NW 4th Ave Suite, Apt. #, etc. Suite 112 City & State Boca Raton, FL Zip 33432 Country |
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40051170



03072006 Chg-P CR2E034 (11/05)

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| 4. FEI Number | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent KLASFELD, MICHAEL 2424 N.E. 22ND ST POMPAÑO BEACH, FL 33062 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KLASFELD, MICHAEL 2424 N.E. 22ND ST POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  7/8/06 561-368-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #