2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # V09076

1. Entity Name
MCKINNEY REAL ESTATE GROUP, INC.

Principal Place of Business	Mailing Address
1717 PENN AVE STE. 5006 PITTSBURGH, PA 15221	1717 PENN AVE STE. 5006 PITTSBURGH, PA 15221

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0314777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD., N.W.
STE. 401
BOCA RATON, FL 33431

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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 (NOTE: Registered Agent signature required when reinstating)

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

000000482621
04/11/06-80083-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCKINNEY, JOHN T.
STREET ADDRESS	1717 PENN AVENUE, STE 5006
CITY-ST-ZIP	PITTSBURG, PA 15221
TITLE	V
NAME	MCKINNEY, JAMES D
STREET ADDRESS	1717 PENN AVENUE, STE 5006
CITY-ST-ZIP	PITTSBURG, PA 15221
TITLE	T
NAME	PASQUALE, JOSEPH
STREET ADDRESS	1717 PENN AVENUE, STE. 5006
CITY-ST-ZIP	PITTSBURGH, PA 15221
TITLE	AS
NAME	DETRIE, MARJORIE
STREET ADDRESS	1717 PENN AVE. SUITE 5006
CITY-ST-ZIP	PITTSBURGH, PA 15221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Joseph Pasquale Joseph Pasquale 3/23/06 412-371-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #