

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V09076

FILED
Apr 16, 2009
Secretary of State

Entity Name: MCKINNEY REAL ESTATE GROUP, INC.

Current Principal Place of Business:

1717 PENN AVE
STE. 5006
PITTSBURGH, PA 15221

New Principal Place of Business:

Current Mailing Address:

1717 PENN AVE
STE. 5006
PITTSBURGH, PA 15221

New Mailing Address:

FEI Number: 65-0314777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCKINNEY, JOHN T.
Address: 1717 PENN AVENUE, STE 5006
City-St-Zip: PITTSBURG, PA 15221

Title: V () Delete
Name: MCKINNEY, JAMES D
Address: 1717 PENN AVENUE, STE 5006
City-St-Zip: PITTSBURG, PA 15221

Title: T () Delete
Name: PASQUALE, JOSEPH
Address: 1717 PENN AVENUE, STE. 5006
City-St-Zip: PITTSBURGH, PA 15221

Title: AS () Delete
Name: DETRIE, MARJORIE
Address: 1717 PENN AVE. SUITE 5006
City-St-Zip: PITTSBURGH, PA 15221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH PASQUALE

TREA

04/16/2009

Electronic Signature of Signing Officer or Director

Date