2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # V09079

1. Entity Name
MCKINNEY PROPERTIES, INC.

Principal Place of Business	Mailing Address
2200 CORPORATE BLVD. SUITE 401A BOCA RATON, FL 33431	1717 PENN AVE. SUITE 5006 PITTSBURGH, PA 15221-2695

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0312345

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HCRM CORP.
400 - WEST BUILDING, N.W.
1900 CORPORATE BLVD.
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

U00000481120
04/11/06-80017-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	MCKINNEY, JOHN T.
STREET ADDRESS	1717 PENN AVE., STE. 5006
CITY-ST-ZIP	PITTSBURGH,, PA
TITLE	DVP
NAME	MCKINNEY, JAMES D. JR
STREET ADDRESS	1717 PENN AVE., STE. 5016
CITY-ST-ZIP	PITTSBURGH,, PA
TITLE	T
NAME	PASQUALE, JOSEPH
STREET ADDRESS	1717 PENN AVENUE #5016
CITY-ST-ZIP	PITTSBURG, FL
TITLE	VP
NAME	BAKER, JAY
STREET ADDRESS	1717 PENN AVE., STE. 5016
CITY-ST-ZIP	PITTSBURGH, PA 15221
TITLE	VPAS
NAME	MCGARTLANT, NANCY
STREET ADDRESS	1717 PENN AVE., STE. 5016
CITY-ST-ZIP	PITTSBURGH, PA 15221
TITLE	VOP
NAME	GILLESPIE, MARK T
STREET ADDRESS	1717 PENN AVE., STE. 5016
CITY-ST-ZIP	PITTSBURGH, PA 15221

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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: Joseph Pasquale JOSEPH PASQUALE 3/23/06 412-371-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #