


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR -3 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L32855		1. Entity Name MCF, INC.		<table border="1"> <tr> <td>Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240</td> <td>Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240</td> </tr> </table>		Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240	Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240
Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240	Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 01122007 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0163453			
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FERNANDEZ, AURELIO		NAME				
STREET ADDRESS	5000 W. OAKLAND PARK BLVD.		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LARSEN, CAITLIN M		NAME				
STREET ADDRESS	13737 NOEL ROAD, SUITE 100		STREET ADDRESS				
CITY-ST-ZIP	DALLAS, TX 75240		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHERMAN, JEFFREY S		NAME				
STREET ADDRESS	13737 NOEL ROAD, SUITE 100		STREET ADDRESS				
CITY-ST-ZIP	DALLAS, TX 75240		CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MACK, KRISTINA A		NAME				
STREET ADDRESS	13737 NOEL ROAD, SUITE		STREET ADDRESS				
CITY-ST-ZIP	DALLAS, TX 75240		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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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 207, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach

SIGNATURE: Kristina A. Mack

Kristina A. Mack, Asst. Sec. 3/28/07 -  
Phone 469-893-2701