2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 01, 2008 8:00 am Secretary of State **DOCUMENT #615282** 05-01-2008 90186 042 ***150.00 1. Entity Name M & C ASSOCIATES, INC. Principal Place of Business Mailing Address 44355 DIAMOND ROAD 4355 DIAMOND ROAD 60035833 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04262008 Chq-P City & State City & State 4. FEI Number Applied For 59-1901698 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEITH, W.C. Street Address (P.O. Box Number is Not Acceptable) 1517 COMERCIAL PARK DRIVE LAKELAND, FL 33801 City 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, typed or printed name of registered agent and title if applicable (NOTE: Recistered Acent signature required when registring) DATE 9. Election Campaign Financing \$5.00 May Be FILE-NOW!!!-FEE'IS'\$150:00-Trust Fund Contribution, Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition PATEL, MAYUR C NAME NAME STREET ADDRESS 4355 DIAMOND RD STREET ADDRESS WINTER HAVEN, FL 00000. CITY-ST-7IP City-St-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PATEL, MAYUR C NAME 4355 DIAMOND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 00000, CITY-ST-ZIP ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADORESS CATY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-7P TITLE ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Daytime Phone #