

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003832

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: M & G DUCAT INVESTMENTS LIMITED INC.

**Current Principal Place of Business:**

8736 VIA REALE 3  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

8736 VIA REALE 3  
BOCA RATON, FL 33496

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

MCLAREN, MICHAEL  
8736 VIA REALE 3  
BOCA RATON, FL 33496      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:                      MCLAREN, MICHAEL  
Address:                      MOUNT CLARE HEIGHTS/PO BOX 475/MAY PEN  
City-St-Zip:                      JAMAICA WEST INDIES,

Title:                      S                      ( ) Delete  
Name:                      MINOTT, WINSOME  
Address:                      12 KINGSLYN AVENUE/KINGSTON 1/JAMAICA  
City-St-Zip:                      WEST INDIES,

Title:                      T                      ( ) Delete  
Name:                      THOMAS, DWIGHT  
Address:                      PALMERS CROSS/MAY PEN/JAMAICA  
City-St-Zip:                      WEST INDIES,

Title:                      CD                      ( ) Delete  
Name:                      MCLAREN, GWENTH R  
Address:                      MOUNT CLARE HEIGHTS/PO BOX 475/MAY PEN  
City-St-Zip:                      JAMAICA WEST INDIES,

**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: MICHAEL MCLAREN

P

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date