


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F02000006000</b>			
1. Entity Name <b>MCH MESSE BASEL AG</b>			
Principal Place of Business <b>MESSEPLATZ, P.O. BOX, CH-4021 BASEL, SZ CH400-5 SZ</b>		Mailing Address <b>MALLAH FURMAN AND COMPANY, P.A. 1001 BRICKELL BAY DRIVE, SUITE 1400 MIAMI, FL 33131-4938</b>	
2. Principal Place of Business - No P.O. Box # <b>Messeplatz 2</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>P.O. BOX, CH-</b>		Suite, Apt. #, etc.	
City & State <b>CH-4005 BASEL</b>		City & State	
Zip	Country <b>Switzerland</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>MALLAH FURMAN AND COMPANY P.A. 1001 BRICKELL BAY DRIVE, SUITE 1400 MIAMI, FL 33131-4938</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAMM, RENE'</b>	NAME	
STREET ADDRESS	<b>UNTERER RHEINWEG 46, CH-4057 BASEL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BASEL, SZ CH4005</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLER, SAMUEL</b>	NAME	
STREET ADDRESS	<b>SISSACHERSTRASSE 37, CH-4052 BASEL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BASEL, SZ CH4005</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAERING, MARKUS</b>	NAME	
STREET ADDRESS	<b>CHILMETWEG 8, 4464 MAISPRACH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BASEL, SZ CH4005</b>	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	
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	
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: <b>X</b> <i>M. Haering</i>		Date: <b>H. Haering, CFO X Basel, 19<sup>th</sup> January 07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40020321



01182007 Chg-P CR2E034 (12/06)

4. FEI Number **98-0350486** Applied For  Not Applicable

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

**FL** Zip Code