
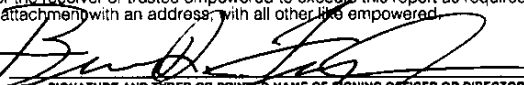


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90031 025 ***158.75

DOCUMENT # F02000006454					
1. Entity Name MUNICIPAL CAPITAL RESOURCES, INC.					
Principal Place of Business 5304 BURCHETTE RD TAMPA, FL 33647		Mailing Address 5304 BURCHETTE RD TAMPA, FL 33647			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02272006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 51-0369764	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIMPOLI, BRUNO D 5304 BURCHETTE RD TAMPA, FL 33647			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	Pd	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRIMPOLI, BRUNO D		NAME		
STREET ADDRESS	5304 BURCHETTE ED		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYNES, SHARON		NAME		
STREET ADDRESS	2121 W. DALLAS AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33603		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALAMI, SUZANNE		NAME		
STREET ADDRESS	11 RHONDA LANE		STREET ADDRESS		
CITY-ST-ZIP	COMMACK, NY 11725		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 persons empowered.					
SIGNATURE: 			3/17/06 813-578-3100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		