2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7IP

SIGNATURE:

Feb 15, 2008 08:00 AN DOCUMENT # F07000003419 **Secretary of State** 1. Entity Name MASSCAL CORPORATION Principal Place of Business Mailing Address 12565 RESEARCH PARKWAY 12565 RESEARCH PARKWAY **SUITE 300** SUITE 300 ORLANDO, FL 32826 ORLANDO, FL 32826 CR2E034 (11/05) 02122008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-3071823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000829589 10. OFFICERS AND DIRECTORS TITLE CP SMITH, ALLAN L STREET ADDRESS 98 A LEONARD WAY CITY-ST-ZIP CHATHAM, MA 02633 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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

FILED