2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000006982

1. Entity Name
MDC NEW YORK CORPORATION

Principal Place of Business	Mailing Address
6071 E. LAKE RD. PO BOX 309 UNIT # 8 OLCOTT, NY 14126	6071 E. LAKE RD. PO BOX 309 UNIT # 8 OLCOTT, NY 14126

DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-1088310
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP.
2000 GLADES ROAD, SUITE 400
BOCA RATON, FL 33431

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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 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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDVT
NAME	BASIL, DONALD J
STREET ADDRESS	6071 E. LAKE RD. UNIT # 8 PO BOX 309
CITY-ST-ZIP	OLCOTT, NY 14126
TITLE	SDEV
NAME	BASIL, MARY ANN
STREET ADDRESS	6071 E. LAKE RD. UNIT # 8 PO BOX 309
CITY-ST-ZIP	OLCOTT, NY 14126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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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: Donald J Basil 2.23.06 941.485-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD J. BASIL