


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # H33092 1. Entity Name MCI INVESTMENTS, INC.					
Principal Place of Business 3360 S ATLANTIC AVE #301 COCOA BEACH, FL 32931 US			Mailing Address P.O. BOX 320511 COCOA BEACH, FL 32932 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt # etc		Suite, Apt #, etc.			
City & State		City & State		01252007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-2478369	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
\$8.75 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HELLERICH, CONRAD M 3360 S ATLANTIC AVE #301 COCOA BEACH, FL 32931			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 _____ (NOT Registered Agent signature required when re-stating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	DPT HELLERICH, CONRAD M 3360 S. ATLANTIC AVE #301 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000617480 02/07/07-80076-019 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HELLERICH, LINDA 3360 S ATLANTIC AVE #301 COCOA BEACH, FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Linda Hellerich</i>			LINDA D HELLERICH		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/31/07 321-284-1244		