2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38571

Entity Name: MCCO., INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1625 W. MARION AVE. 1133 BAL HARBOR BLVD.

STE 6 SUITE 1135

PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 US

Current Mailing Address: New Mailing Address:

P.O. BOX 511249 P.O. BOX 511249

PUNTA GORDA, FL 339518249 PUNTA GORDA, FL 33951

FEI Number: 59-2484608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCQUEEN, PAULA F
1625 W. MARION AVE., SUITE 6
1133 BAL HARBOR BLVD.

PUNTA GORDA, FL 33950 US SUITE 1135

PUNTA GORDA, FL 33950 US

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.

SIGNATURE: PAULA F. MCQUEEN 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MCQUEEN, ROBERT N. Name: MCQUEEN, ROBERT N

Address: 26034 SHORE DRIVE Address: 26034 SHORE DRIVE City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950

Title: DSVP () Delete Title: DSVP (X) Change () Addition
Name: MCQUEEN PAULA F. Name: MCQUEEN PAULA F.

 Name:
 MCQUEEN, PAULA F.,
 Name:
 MCQUEEN, PAULA F.

 Address:
 26034 SHORE DRIVE
 Address:
 26034 SHORE DRIVE

 City-St-Zip:
 PUNTA GORDA, FL 33950
 City-St-Zip:
 PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA F. MCQUEEN VP 04/25/2006