

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K56862**

1. Entity Name  
MC INVESTMENT DEVELOPMENT CORP.



Principal Place of Business  
1001 E. ATLANTIC AVENUE, SUITE 202  
DELRAY BEACH, FL 33483 US

Mailing Address  
1000 MARKET ST  
BLDG 1  
PORTSMOUTH, NH 03801 US



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0228183  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
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 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 PD  
NAME WALSH, MICHAEL  
STREET ADDRESS 1001 E. ATLANTIC AVENUE, SUITE 202  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE TD  
NAME BERGER, ANDREW  
STREET ADDRESS 1001 E. ATLANTIC AVENUE, SUITE 202  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VPD  
NAME WALSH, MARK  
STREET ADDRESS 1001 E. ATLANTIC AVENUE, SUITE 202  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE S  
NAME CRITCHFIELD, RICHARD  
STREET ADDRESS 1001 E. ATLANTIC AVENUE, SUITE 202  
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000529529  
05/05/06-80081-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4900