2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M09682

1. Entity Name
MCCOMAS PROPERTIES, INC.

Principal Place of Business	Mailing Address
413 LACY LANE LAS VEGAS, NV 98107-3210 US	413 LACY LANE LAS VEGAS, NV 98107-3210 US

DO NOT WRITE IN THIS SPACE

01112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2487746	Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENBLOOM, HOWARD CPA
13701 SW 88 SW 88 STREET
STE. 300
MIAMI, FL 33186-1309

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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, 2007 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	MCCOMAS, WILLIAM P
STREET ADDRESS	413 LACY LANE
CITY-ST-ZIP	LAS VEGAS, NV 981073210

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

U00000663051
03/21/07-80038-018 150.00

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 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 an a r 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 J or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   3-7-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

PLEASE SIGN & DATE