## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 08:00 AM Secretary of State

ANNUAL REPORT				<del></del> -	Jan 25, 2008 08:00			
DOCU	IMENT # M09682				S	ecretai	ry of Sta	
1. Entity Nan	пе			\			•	
MCCOM	AS PROPERTIES, INC.			!				
Principal Plac	ce of Business	Mailing Address						
413 LACY LANE 413 LACY LANE			ue	,				
LAS VEGAS,	NV 98107-3210 US	LAS VEGAS, NV 98107-3210	02		•			
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,				01112008	No Chg-P	CR2E034 (1	1/05)	
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, , , ,				59-248			Not Applicable	
				5. Certificate	of Status Desired		5 Additional equired	
ļ <u></u>	6. Name and Address of Current Reg	stered Agent	*	<u> </u>		, , ,	equiled	
		,					*, *	
ROSENBLOOM, HOWARD CPA 13701 SW 88 SW 88 STREET				DO	NOT W	RITE		
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MIAMI, FL	_ 33186-1309			11 <b>11 1</b>	Litino oby	70L		
				11				
	e named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or registe	ered agent, or bo	oth, in the State of Flor	ida. Tam familia	r with, and accept	
i ile obliga	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '							
SIGNATURE.	Signature, typed or printed name of registered agent and til	le if applicable (NOTE: Registere	id Agent signature require	d when rainstating)		- DATE		
-					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>		5.00 May Be ded to Fees		••		
au t		TOTAL DE		<del></del>	Ļ			
710	OFFICERS AND DIR	ECTORS	-	in a second			Timponia.	
NAME	MCCOMAS, WILLIAM P							
STREET ADDRESS	1							
CITY-ST-ZIP	LAS VEGAS, NV 981073210			garage and a	uooood	1796378		
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STREET ADDRESS			4. 103 Na					

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 ampowered.

SIGNATURE:

TITLE
NAME
SIREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08 Date

Dayline Phone #