## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M85775

Entity Name: MCANY, INC.

Address:

City-St-Zip:

1943 TYLER STREET

HOLLYWOOD, FL 33020

FILED Jun 22, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1943 TYLER STREET HOLLYWOOD, FL 33020 US **Current Mailing Address: New Mailing Address:** 1943 TYLER STREET HOLLYWOOD, FL 33020 US FEI Number: 65-0058536 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: FRANK, PROVIDENCE V. 1943 TYLER STREET HOLLYWOOD, FL 33020 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CPD ( ) Delete () Change () Addition FRANK, PROVIDENCE V. Name: Name: 1943 TYLER STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: VPD () Delete Title: () Change () Addition FRANK, SCOTT J. Name: Name: 1943 TYLER STREET Address: Address: HOLLYWOOD, FL 33020 City-St-Zip: City-St-Zip: Title: Title: VPD () Delete () Change () Addition FRANK, KIMBERLY J. Name: Name: 1943 TYLER STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: Title: () Delete Title: () Change () Addition PERROTTA, KAREN L. Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KAREN L. PERROTTA TS 06/22/2006