2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12361

Entity Name: MDCC, LIQUIDATION, INC.

FILED Apr 04, 2008 Secretary of State

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

3801 S. W. GREENWOOD WAY 853 S.E. MONTEREY COMMONS BLVD.

P.O. BOX 1229 STUART, FL 34996 US PALM CITY, FL 349916229 US

New Mailing Address: Current Mailing Address:

3801 S. W. GREENWOOD WAY 853 S.E. MONTEREY COMMONS BLVD.

P.O. BOX 1229 STUART, FL 34996 US PALM CITY, FL 349916229 US

FEI Number: 59-2697926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WACKEEN, THOMAS

SOPKO, JAMES 853 S.E. MONTEREY COMMONS BLVD 3473 SOUTHEAST WILLOUGHBY BLVD

STUART, FL 34996 STUART, FL 34994 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: JAMES SOPKO 04/04/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HAGER, SAMUEL D'ERASMO, LARRY Name: Name: 3801 SW GREENWOOD WAY Address: 48 S.E. OSCEOLA ST Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: STUART, FL 34995

Title: VD () Delete Title: (X) Change () Addition

COHEN, JEFF S Name: SOPKO, JAMES Name:

Address: 3807 SW GREENWOOD WAY Address: 853 S.E. MONTEREY COMMONES BLVD.

City-St-Zip: PALM CITY, FL 34990 City-St-Zip: STUART, FL 34995

Title: () Delete Title: (X) Change () Addition MURPHY, JOSEPH A III

MURPHY, JOSEPH A III Name: Name: 3801 SW GREENWOOD WAY Address: Address: 48 S.E. OSCEOLA ST City-St-Zip: PALM CITY, FL 34990 City-St-Zip: STUART, FL 34995

Title: TD (X) Delete Title: () Change () Addition

Name: NELSEN, ROBERT Name: 3801 SW GREENWOOD WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SOPKO **TRES** 04/04/2008