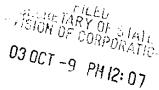
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCÚMENT # P00000091072





MCVALL CORP. DO NOT WRITE IN THIS SPACE 400023977154 10/21/03--01087--007 ***150.00 2. Principal Place of Business 3. Mailing Address 1304 SW 160th AVE 1304 SW 160th AVE Suite, Apt. #, etc. Suite, Apt. #, etc. STE: 353 STE: 353 FEI Number 65-1044280 City & State City & State Applied For SUNRISE, FL SUNRISE, FL Not Applicable Country Country Zip 33326 \$8.75 Additional 5. Certificate of Status Desired 33326 Fee Required 7. Name and Address of Current Registered Agent Name MICHAEL P. MCCARTHY DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1304 SW 160th AVE. STE: STE: 353 City SUNRISE Zip Code 33326 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. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550,00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E0348 (12/02) MIT E THE (P/D) NARDA L. MACCARTHY NAME HAME 1304 SW 160th AVE. STE: STE: 353 STREET ADDRESS STREET ADDRESS SUNRISE, FL 33326 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE (V/D) MICHAEL P. MACCARTHY NAME NAME 1304 SW 160th AVE. STE: STE: 353 STREET ADDRESS STREET ADORESS SUNRISE, FL 33326 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE (V/D) MICHAEL E. MACCARTHY NAME NAME 1304 SW 160th AVE, STE: STE: 353. STREET ADDRESS STREET ADDRESS DO NOT WRITE SUNRISE, FL 33326 CITY-ST-ZIP CITY-ST-ZP TITLE MLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILL F NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Daytime Phone #

MCVALL CORP.

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

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TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT

CORDIALLY.

MICHAEL P MACCARTHY

VICE-PRESIDENT