

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007670

FILED
Apr 18, 2005
Secretary of State

Entity Name: MDG-CAPITAL PARTNERS FINANCIAL CENTRE, INC.

Current Principal Place of Business:

2180 IMMOKALEE ROAD
SUITE 308
NALES, FL 34110

New Principal Place of Business:

2180 IMMOKALEE ROAD
SUITE 309
NALES, FL 34110

Current Mailing Address:

2180 IMMOKALEE ROAD
SUITE 308
NALES, FL 34110

New Mailing Address:

2180 IMMOKALEE ROAD
SUITE 309
NALES, FL 34110

FEI Number: 59-3693492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLOHN, WILLIAM
2180 IMMOKALEE RD #308
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

KLOHN, WILLIAM
2180 IMMOKALEE RD #309
NAPLES, FL 34110 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:

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TDV () Delete
Name: MCCUAN, W. PATRICK
Address: 2180 IMMOKALEE ROAD SUITE 308
City-St-Zip: NALES, FL 34110

Title: PSD () Delete
Name: KLOHN, WILLIAM L
Address: 2180 IMMOKALEE ROAD SUITE 308
City-St-Zip: NALES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TDV (X) Change () Addition
Name: MCCUAN, W. PATRICK
Address: 2180 IMMOKALEE ROAD SUITE 309
City-St-Zip: NALES, FL 34110

Title: PSD (X) Change () Addition
Name: KLOHN, WILLIAM L
Address: 2180 IMMOKALEE ROAD SUITE 309
City-St-Zip: NALES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: WILLIAM L. KLOHN

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date