

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000072767

FILED
Jun 12, 2007
Secretary of State**Entity Name:** MCL INSURANCE SERVICES, INC.**Current Principal Place of Business:**2700 NW 44TH STREET
404
FT LAUDERDALE, FL 33309 US**New Principal Place of Business:****Current Mailing Address:**2700 NW 44TH STREET
404
FT LAUDERDALE, FL 33309 US**New Mailing Address:****FEI Number:** 65-1124462 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAYBIN, LARRY
2700 NW 44TH STREET
404
FT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:****Title:** DPC () Delete
Name: RAYBIN, LARRY
Address: 2700 NW 44TH STREET
City-St-Zip: FT LAUDERDALE, FL 33309 US**Title:** DVPS (X) Delete
Name: LADA, DEBRA
Address: 5099 NW 59TH WAY
City-St-Zip: CORAL SPRINGS, FL 33067 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY RAYBIN

DPC

06/12/2007

Electronic Signature of Signing Officer or Director_____
Date