


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90052 011 ***150.00

DOCUMENT # P02000001434					
1. Entity Name MD CUSTOM CYCLES INC.					
Principal Place of Business 102670 OVERSEAS HWY. KEY LARGO, FL 33037			Mailing Address 102670 OVERSEAS HWY. KEY LARGO, FL 33037		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0647535	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNCH, MORGAN D 102670 OVERSEAS HWY. KEY LARGO, FL 33037			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	NAME VISSEY-LYNCH, AMY		TITLE	NAME	
STREET ADDRESS 102670 OVERSEAS HWY.	CITY - ST - ZIP KEY LARGO, FL 33037		STREET ADDRESS	CITY - ST - ZIP	
TITLE ST	NAME LYNCH, AMANDA		TITLE	NAME	
STREET ADDRESS 1500D JEFFERSON DRIVE	CITY - ST - ZIP HOMESTEAD, FL 33034		STREET ADDRESS	CITY - ST - ZIP	
TITLE P	NAME LYNCH, MORGAN		TITLE	NAME	
STREET ADDRESS 102670 OVERSEAS HWY.	CITY - ST - ZIP KEY LARGO, FL 33037		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Morgan Lynch</i>			Date: <i>4/28/07</i> Daytime Phone #: <i>305-451-3206</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					