## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 19, 2007 08:00 AM DOCUMENT # P02000039943 **Secretary of State** MEARS COMMERCE CENTER HOLDINGS, INC. Principal Place of Business Mailing Address 921 HILLSBORO MILE 921 HILLSBORO MILE HILLSBORO BEACH, FL 33062 HILLSBORO BEACH, FL 33062 No Chg-P CR2E034 (11/05) 01092007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3653615 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCARTY, RICHARD D DO NOT WRITE 921 HILLSBORO MILE HILLSBORO BEACH, FL 33062 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MCCARTY, RICHARD D Section 1 921 HILLSBORO MILE STREET ADDRESS CITY-ST-ZIP HILLSBORO BEACH, FL 33062 U00000592023 TITLE 01/19/07-80047-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-JP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

954-941-3485

**FILED** 

Daytime Phone #

RICHARD D. MCCARY