

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067592

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: MCCARTHY CYBER-VENTURES, INC.

**Current Principal Place of Business:**

15201 NW 32ND AVENUE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

15201 NW 32ND AVENUE  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 02-0621536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCARTHY, OLIVIA  
15201 NW 32ND AVENUE  
OPA LOCKA, FL 33054 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCARTHY, OLIVIA  
Address: 15201 NW 32ND AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: S ( ) Delete  
Name: PROCTOR, PATRICIA  
Address: 1700 JOE LOUIS ST  
City-St-Zip: TALLAHASSEE, FL 32304

Title: T ( ) Delete  
Name: MCCARTHY, ARTHUR  
Address: 15201 NW 32ND AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: PROCTOR, PATRICIA  
Address: 101 CHEROKEE DR  
City-St-Zip: HAVANA, FL 32333

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: OLIVIA MCCARTHY

PRES

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date