

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000081422</b> Entity Name <b>MNC MANAGEMENT, INC.</b>	
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## FILED

07 JUN 27 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>4248 GROVE PARK DR TALLAHASSEE, FL 32311</b>	Mailing Address <b>4248 GROVE PARK DR TALLAHASSEE, FL 32311</b>
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2. Principal Place of Business - No P.O. Box # <b>2115 Trescott Drive</b>	3. Mailing Address <b>2115 Trescott Drive</b>
Suite, Apt. #, etc. <b>N/A</b>	Suite, Apt. #, etc. <b>N/A</b>

04232007 Chg-P CR2E034 (12/06)

City & State <b>Tallahassee</b>	City & State <b>Tallahassee</b>
Zip <b>32308</b>	Zip <b>32308</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number  
**27-0025703**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**\* CHERRY, MONICA**  
**3283 EMERSON LANE**  
**TALLAHASSEE, FL 32311**

**7. Name and Address of New Registered Agent**

Name **Monica Bailey**

Street Address (P.O. Box Number is Not Acceptable)  
**2115 Trescott Drive**

City **Tallahassee**      **FL**      Zip Code **32308**

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, the registered agent.

SIGNATURE *Monica Bailey*      DATE 5/20/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	CHERRY, MONICA	
STREET ADDRESS	4248 GROVE PARK DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bailey, Monica	
STREET ADDRESS	2115 Trescott Drive	
CITY-ST-ZIP	Tall. FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Lucretia B. Lynch for Monica Cherry*      Date: April 23, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #