


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000081422	
Entity Name MNC MANAGEMENT, INC.	

FILED

07 JUN 27 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4248 GROVE PARK DR TALLAHASSEE, FL 32311	Mailing Address 4248 GROVE PARK DR TALLAHASSEE, FL 32311
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2. Principal Place of Business - No P.O. Box # 2115 Trescott Drive	3. Mailing Address 2115 Trescott Drive
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Tallahassee	City & State Tallahassee
Zip 32308	Country USA

04232007 Chg-P CR2E034 (12/06)

4. FEI Number 27-0025703	Applied For Not Applicable
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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 <u>Monica Bailey</u> Street Address (P.O. Box Number is Not Acceptable) <u>2115 Trescott Drive</u> City <u>Tallahassee</u> FL Zip Code <u>32308</u>
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, MONICA 4248 GROVE PARK DR TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bailey, Monica 2115 Trescott Drive Tall. FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200105301762 07/03/07--01023--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Monica Bailey for Monica Cherry April 23, 2007

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