2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 23, 2007 08:00 AM DOCUMENT # P02000106903 **Secretary of State** 1. Entity Namo MEC CONSULTING INC. Principal Place of Business Mailing Address 15184 ALEXANDER RUN JUPITER FL 33478 15184 ALÉXANDER RUN JUPITER FL 33478 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 22-3875860 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COTTRELL, MARC 15184 ALEXANDER RUN Stroot Address (P.O. Box Number is Not Acceptable) JUPITER FL 33478 City Zip Codo 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 Signature, typed or printed name of registered agent and title r applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MR. TITLE Delete IIIE COTTRELL, MARC NAME NAME 03/05/07-80006-020 150.00 15184 ALEXANDER RUN STREET ADDRESS STREET ADDRESS JUPITER FL 33478 CJIY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-SI-ZIP HHLC. Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-7IP TITLE Delete ME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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. MARC COTTRILL

SIGNATURE: _

SIGNATURE AND APPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED