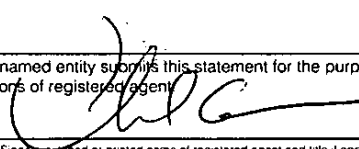
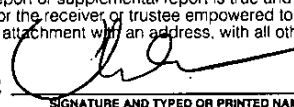


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90037 008 ***150.00

DOCUMENT # P02000116780 1. Entity Name M2CG, INC.					
Principal Place of Business 720 CELEBRATION AVE CELEBRATION, FL 34747			Mailing Address 720 CELEBRATION AVE CELEBRATION, FL 34747		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0433810	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAVES, CHERYL 863 SPRING PARK LOOP #102 CELEBRATION, FL 34747				Name Street Address (P.O. Box Number is Not Acceptable) 1115 Damask St. City Celebration FL Zip Code 34747	
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  (NOTE: Registered Agent signature required when reinstating) DATE 1-25-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D GRAVES, CHERYL ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	863 SPRING PARK LOOP #102		NAME	1115 Damask St.	
STREET ADDRESS	CELEBRATION, FL 34747		STREET ADDRESS	Celebration, Florida 34747	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	O CULAJAY, MARTHA ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	20235 MELVILLE ST		NAME		
STREET ADDRESS	ORLANDO, FL 32833		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE 1-25-05 DAYTIME PHONE #					

50008091



01162005 Chg-P CR2E034 (10/03)