


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000118070</b> 1. Entity Name <b>MAIN ATTRACTION UTILITIES, INC.</b>	
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Principal Place of Business <b>16290 N.W. 1ST STREET PEMBROKE PINES, FL 33028</b>	Mailing Address <b>16290 N.W. 1ST STREET PEMBROKE PINES, FL 33028</b>
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03132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>14-1853078</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BURTON, ANDRE S 4310 SHERIDAN STREET SUITE 202 HOLLYWOOD, FL</b>
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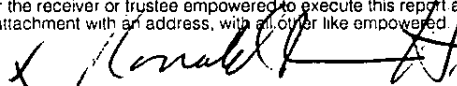
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLEMOVITZ, GLORIA 18706 NW 24TH COURT PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIORDANO, MARYANN 16290 N.W. 1ST STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCIARRETTI, RONALD 16290 N.W. 1ST STREET PEMBROKE PINES, FL 33028
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000711682 04/26/07-80017-015 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4-11-07</b> <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>