


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90075 037 ***150.00

DOCUMENT # P03000009871 1. Entity Name MC2 INVESTMENTS, INC.					
Principal Place of Business 41 SWIMMING PEN DRIVE MIDDLEBURG, FL 32068			Mailing Address 41 SWIMMING PEN DRIVE MIDDLEBURG, FL 32068		
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 11-3677788	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CUMMINGS, MICHAEL R 41 SWIMMING PEN DRIVE MIDDLEBURG, FL 32068			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CUMMINGS, MICHAEL R 41 SWIMMING PEN DRIVE MIDDLEBURG, FL 32068 <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	D CUMMINGS, MICHAEL J 41 SWIMMING PEN DRIVE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Michael R. Cummings</i> Michael R. Cummings					
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR				Date 5-5-06 Daytime Phone # 904-955-4348	

I mailed the original Report on 4/24/06.

5/4/06

ATTACHMENT 40089464

To Whom it may concern, # P03000009871

On 4/24/06, I mailed in my 2006 For Profit Corporation Annual Report, but mistakenly failed to include the check that I had written. I noticed this when I began writing payments for my May monthly bills. I sincerely apologize for this oversight and hope that you accept my \$150.00 fee.

Again, I truly apologize for this mistake.

Thank you,

Mike Cunniffe

904. 955.4348