2007 FOR PROFIT CORPORATION ANNUAL REPORT

-Mar 19, 2007 08:00 AN DOCUMENT # P04000046360 **Secretary of State** 1. Entity Name MCCORMACK'S SECRETARIAL SERVICE, INC. Principal Place of Business Mailing Address **876 MILLSHORE DRIVE 876 MILLSHORE DRIVE** CHULUOTA, FL 32766 CHULUOTA, FL 32766 No Chg-P CR2E034 (11/05) 03152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0856736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VONDOHLEN, KATHLEEN DO NOT WRITE 876 MILLSHORE DRIVE CHULUOA, FL 32766 IN THIS SPACE 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 if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE VONDOHLEN, KATHLEEN NAME STREET ADDRESS 876 MILLSHORE DRIVE CHULUOTA, FL 32766 CITY-ST-ZIP TITLE U00000669679 MARKE U3/27/07-80082-006 15h.nn STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF TIME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 attachmani/with an address, with all other like empowered.

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SIGNATURE:

SUSTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-07

407-365-5500

FILED