2007 FOR PROFIT CORPORATION

May 02, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2007 90063 038 ***150 00 DOCUMENT # P04000071311 1. Entity Name MDC FORM, INC. Principal Place of Business Mailing Address 1265 SE 8TH ST. 1265 SE 8TH ST. DEERFIELD BCH, FL 33441 DEERFIELD BCH, FL 33441 CR2E034 (11/05) 04302007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2473849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIRARD, DANIEL DO NOT WRITE 1265 SE 8TH ST. DEERFIELD BCH, FL 33441 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. (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 TIŤLĖ GIRARD, DANIEL STREET ADDRESS 1265 SE 8TH ST. CITY-ST-ZIP DEERFIELD BCH, FL 33441 NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

FILED

12. Thereby 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 il changed, or on an attachment with an address, w all other like empowered.

SIGNATURE:

TITLE NAME. STREET ADDRESS

TITLE

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-72P

Date

Daytime Phone #