2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088556

Entity Name: MCSSQUARED INC

City-St-Zip:

SEC

Title:

Name:

Address:

City-St-Zip:

COCONUT CREEK, FL 33073

PEMBROKE PINES, FL 33029

SWEER, MICHAEL C

18141 NW 18TH ST

(X) Delete

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 18455 MIRAMAR PARKWAY SUITE 108 MIRAMAR, FL 33029 **New Mailing Address: Current Mailing Address:** 18455 MIRAMAR PARKWAY SUITE 108 MIRAMAR, FL 33029 FEI Number: 20-1265750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACCA, MICHAEL T 4832 NW 54TH AVE COCONUT CREEK, FL 33073 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: CFO (X) Change () Addition SWEER, CASSANDRA A Name: Name: SWEER, MICHAEL C 18141 NW 18TH ST 5243 SW 158 AVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: MIRAMAR, FL 33027 Title: Title: CFO () Delete (X) Change () Addition SACCA, MICHAEL Name: SACCA, CARRIE ANN Name: 4832 NW 54TH AVE 4832 NW 54TH AVE Address: Address: COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 City-St-Zip: City-St-Zip: () Delete Title: TRFA Title: CIO (X) Change () Addition SACCA, MICHAEL T SACCA, PHIL Name: Name: 4832 NW 54TH AVE 4832 NW 54TH AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

COCONUT CREEK, FL 33073

() Change () Addition

SIGNATURE: MICHAEL SWEER CEO 04/12/2005