2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000001008

1. Entity Name MACK-LV INCORPORATED



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

501 AVENUE A

MELBOURNE BEACH, FL 32951

Mailing Address

501 AVENUE A

MELBOURNE BEACH, FL 32951



DO NOT WRITE IN THIS SPACE

01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2136179

Applied For Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

CRAWFORD, CHARLES G 33 SUNTREE PLACE MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pulions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am famili	ar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000605806 01/30/07-80051-021	150.00	
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAIRD, KIMBERLY D 501 AVENUE A MELBOURNE BEACH, FL 32951						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #