


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90192 030 \*\*\*150.00

<b>DOCUMENT # P05000080558</b> 1. Entity Name <b>MC2 LIMITED, INC.</b>					
Principal Place of Business <b>27580 HACIENDA BLVD SUITE 307B BONITA SPRINGS, FL 34135</b>			Mailing Address <b>27580 HACIENDA BLVD SUITE 307B BONITA SPRINGS, FL 34135</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 1417</b> Suite, Apt. #, etc.			
City & State		City & State <b>BONITA SPRINGS FL</b>			
Zip <b>34133-1417</b>	Country	Zip <b>LEE</b>	Country		
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>MARK J. ALDERUCCIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5425 PARK CENTRAL COURT</b> City <b>NAPLES</b> FL <b>34109</b>		
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 <i>Michelle Moran</i> <i>Mark J. Alderuccio</i> <b>4/24/06</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORAN, MICHELLE 27580 HACIENDA BLVD SUITE 307B BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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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>Michelle Moran</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/21/06</b> <b>239 992 2404</b> <small>Date Daytime Phone #</small>		

40000100



04202006 Chg-P CR2E034 (11/05)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name **MARK J. ALDERUCCIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5425 PARK CENTRAL COURT**  
 City **NAPLES** FL **34109**

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 SIGNATURE *Michelle Moran* *Mark J. Alderuccio* **4/24/06**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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SIGNATURE *Michelle Moran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR