2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 21, 2006 8:00 am **Secretary of State** DOCUMENT # P05000104981 1. Entity Name 03-21-2006 90044 041 ***150.00 MC PRA INC. Principal Place of Business Mailing Address ~~aaffl?d 5430 WEST ATLANTIC BOULEVARD MARGATE FL 33063 5430 WEST ATLANTIC BOULEVARD MARGATE FL 33063 2. Principal Place of Business 5430 W. Atlantic Blvd. 3. Mailing Address 5430 W. Atlantic Blud 1st MOORE CR2E034 (10/05) City & State City & State Applied For 86 - 1144580 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SONG, MI KYUNG 6207 BAY CLUB DR. #3 FT. LAUDERDALE FL 33308 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. 03/10/06 reign FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE Change Addition NAME PRAJESCU, CIPRIAN F NAME STREET ADDRESS 6207 BAY CLUB DR. #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 TITLE Delete TITLE ☐ Change ☐ Addition SONG, MI KYUNG NAME STREET ADDRESS 6207 BAY CLUB DR. #3 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP Delete TITLE ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Ciprian Prajesc 03/10/06 954-968-7563
IGNING OFFICER OR DIRECTOR Daytime Phone #

FILED