2007 FOR PROFIT CORPORATION

FILED Apr 19, 2007 8:00 am

ANNUAL REPORT						Secretary of State				
DOCUMENT # P05000146879 1. Entity Name MACPIC, INC.							04-19-2003	_		
Principal Place	e of Business	M	ailing Address			ן מעט	100-			
1810 S VIKY	SUA AVE	1	810 S VIKYSUA AVE			1				
A Orange City	r, FL 32763	A	I Drange City, FL 3270	63	•	- ' - 1 1 1 	HUMAN ANN RUM KUM KUM	B)	0 0 1 1 1 1 1 1 1 1	:1111.9) (:1 1
1810 S. Volusia Ave		3. Mailing Address 1810 S Volusia Ave								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04032007	Chg-P	CR2E	034 (12/06)		
City & State Orange City, FL			City & State City FL			4. FEI Number 20-372				oplied For at Applicable
Zip 327 6	Country .	د ا	^{zi} 32763	Country	ia	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of	Current Regis	tered Agent	Nama		7. Name and	Address of New F	Registered	Agent	
CAVALIERE, ANGELINA 849 RAYSTON STREET DELTONA, FL 32725				1	Name Street Address (P.O. Box Number is Not Acceptable)					
DELIGNA	, FL 32125									
				City	•			FI	Zip Code	э
	named entity submits this stat ions of registered agent.	ement for the p	purpose of changing its	registered office	or register	red agent, or bo	h, in the State of Flo	orida. I an	n familiar with,	and accept
SIGNATURE_			dtbl- mor	C. D		d		0475		
SIGNATURE	Signature, typed or printed name of regis	tered agent and title	if applicable. (NOT)	E: Registered Agent sign	sture required	d when reinstating)		DATE		
FIL	Signature, typed or printed name of regis E NOWIII FEE IS \$150 ay 1, 2007 Fee will be	.00	9. Election Campa Trust Fund Cont	ign Financing	_ \$5	.00 May Be		DATE		
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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:

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