

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000603

Entity Name: MACCARI INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

3 HONEYSUCKLE COURT SOUTH
HOMOSASSA, FL 34446 US

New Principal Place of Business:

5 HONEYSUCKLE COURT SOUTH
HOMOSASSA, FL 34446 US

Current Mailing Address:

3 HONEYSUCKLE COURT SOUTH
HOMOSASSA, FL 34446 US

New Mailing Address:

5 HONEYSUCKLE COURT SOUTH
HOMOSASSA, FL 34446 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACCARI, JOANNE
3 HONEYSUCKLE COURT SOUTH
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

MACCARI, JOANNE
5 HONEYSUCKLE COURT SOUTH
HOMOSASSA, FL 34446 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: JOANNE MACCARI

01/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACCARI, JOANNE
Address: 3 HONEYSUCKLE COURT SOUTH
City-St-Zip: HOMOSASSA, FL 34446 US

Title: SDT () Delete
Name: GIFFORD, CRAIG
Address: 3 HONEYSUCKLE COURT SOUTH
City-St-Zip: HOMOSASSA, FL 34446 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACCARI, JOANNE
Address: 5 HONEYSUCKLE COURT SOUTH
City-St-Zip: HOMOSASSA, FL 34446 US

Title: SDT (X) Change () Addition
Name: GIFFORD, CRAIG
Address: 5 HONEYSUCKLE COURT SOUTH
City-St-Zip: HOMOSASSA, FL 34446 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: JOANNE MACCARI

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date