2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000069409

Entity Name: MLC MEDICAL LEGAL CONSULTING, INC.

809 E BLOOMINGDALE AVE #432

BRANDON, FL 335118113

Address: City-St-Zip: FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 809 E BLOOMINGDALE AVE #432 BRANDON, FL 335118113 **New Mailing Address: Current Mailing Address:** 809 E BLOOMINGDALE AVE #432 BRANDON, FL 335118113 FEI Number: 20-4910668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA, FL 336372087 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KITTLE, TASSEY A H Name: Name: 809 E BLOOMINGDALE AVE #432 Address: Address: City-St-Zip: BRANDON, FL 335118113 City-St-Zip: Title: () Delete Title: () Change () Addition Name: OUELLETTE, DEBRA Name: 809 E BLOOMINGDALE AVE #432 Address: Address: BRANDON, FL 335118113 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BAILEY, SAMANTHA Name: Name:

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

Address:

City-St-Zip:

SIGNATURE: TASSEY A. H. KITTLE D 04/27/2007