2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098367

Entity Name: MACAL SERVICES CORPORATION

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4736 WEST ATLANTIC BLVD 9155 RAMBLE WOOD DR BUILDING 11, SUITE 201 STE 321

COCONUT CREEK, FL 33063 CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

4736 WEST ATLANTIC BLVD

BUILDING 11, SUITE 201

COCONUT CREEK, FL 33063

9155 RAMBLE WOOD DR

STE 321

CORAL SPRINGS, FL 33071

FEI Number: 20-5277798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEON, ANGELO F
4736 WEST ATLANTIC BLVD

BUILDING 11, SUITE 201

COCONUT CREEK, FL 33063 US

LEON, ANGELO F
9155 RAMBLE WOOD DR
STE 321
CORAL SPRINGS, FL 33071 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: ANGELO F. LEON 05/02/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: LEON, ANGELO F
Address: 4736 WEST ATLANTIC BLVD, BULDING 11, # 201
Address: 9155 RAMBLE WOOD DR. STE 321

Address: 4736 WEST ATLANTIC BLVD, BOLDING 11, # 201 Address: 9155 RAMBLE WOOD DR. STE 32
City-St-Zip: COCONUT CREEK, FL 33063 City-St-Zip: CORAL SPRINGS, FL 33071

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.

SIGNATURE: ANGELO F. LEON P 05/02/2007