FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90403 006 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000113756

1. Entity Name
MAINSTREET TCC, INC.

G6016672

02082007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
ONE FINANCIAL PLAZA SUITE 102 FORT LAUDERDALE, FL 33394	ONE FINANCIAL PLAZA SUITE 102 FORT LAUDERDALE, FL 33394

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2101 W. Commercial	2101 W. Commercial
Suite, Apt. #, etc.: 1200	Suite, Apt. #, etc.: 1200
City & State: Fort Lauderdale Fl	City & State: Fort Lauderdale, Fl
Zip: 33309 Country:	Zip: 33309 Country:

4. FEI Number: 20-5477010 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KILGALLON, PAUL J ONE FINANCIAL PLAZA SUITE 102 FORT LAUDERDALE, FL 33394	Name: 2 Street Address (P.O. Box Number is Not Acceptable): 2101 W. Commercial Suite 1200 City: Fort Lauderdale FL Zip Code: 33309

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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILGALLON, PAUL J ONE FINANCIAL PLAZA #2212 FORT LAUDERDALE, FL 33394	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2101 W. Commercial Suite 1200 Fort lauderdale Fl, 33309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/27/07 954-717-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #