## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000120594

JAMES, NAOMI

2750 NW 44 STREET UNIT # 706

OAKLAND PARK, FL 33309

Name:

Address:

City-St-Zip:

FILED Feb 28, 2008 Secretary of State

Entity Nar	me: MACT_	INC			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
	13RD COURT ALE LAKES, F	L 33319			
Current Mailing Address:			New Mailing Address:		
P.OBOX POMPANO	667011 D BEACH, FL	33066			
FEI Number:	65-1295896	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
ORPHE, JOHN D 4799 NW 7TH AVE C MIAMI, FL 33127 US			4952 NW 7TH A\	ORPHE, JOHN D 4952 NW 7TH AVE MIAMI, FL 33127 US	
	named entity see of Florida.	submits this statement for the p	urpose of changing its regi	stered office or registered agent, or both,	
SIGNATUR	RE: JOHN D	ORPHE		02/28/2008	
	Electron	ic Signature of Registered Age	nt	Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BELL, MARCHE 4211 NW 43RD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	BELL, MARCHE 4211 NW 43RD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	THOMAS, TROY 4211 NW 43RD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	TS ()	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARCHELLE BELL CEO 02/28/2008