

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129543

Entity Name: MDC VENTURES INC

FILED  
Mar 19, 2007  
Secretary of State

## Current Principal Place of Business:

2319 N ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311

## New Principal Place of Business:

## Current Mailing Address:

2319 N ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311

## New Mailing Address:

FEI Number: 20-5692835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROYALE MANAGEMENT SERVICES, INC.  
12451 NW 15TH PLACE #201  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

ROYALE MANAGEMENT SERVICES, INC.  
2319 N. ANDREWS AVE  
FORT LAUDERDALE, FL 333112 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:

03/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CARATTINI, MICHAEL  
Address: 12451 NW 15TH PLACE #201  
City-St-Zip: SUNRISE, FL 33323

Title: SD ( ) Delete  
Name: CARATTINI, DANIELA  
Address: 12451 NW 15TH PLACE #201  
City-St-Zip: SUNRISE, FL 33323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CARATTINI, MICHAEL  
Address: 1150 SHAMROCK WOODS  
City-St-Zip: MARION, IA 52302

Title: SD (X) Change ( ) Addition  
Name: CARATTINI, DANIELA  
Address: 1150 SHAMROCK WOODS  
City-St-Zip: MARION, IA 52302

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: MICHAEL CARATTINI

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date