

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08239

FILED
Apr 28, 2006
Secretary of State

Entity Name: MCO INDUSTRIES, INC.

Current Principal Place of Business:

ROAD 183, KM5
SAN LORENZO
PUERTO RICO 00754, XX

Current Mailing Address:

P.O. BOX 1264
SAN LORENZO
PUERTO RICO 00754, XX

New Principal Place of Business:

ROAD 183, KM5
BO. QUEMADOS ABAJO
SAN LORENZO, PR 00754

New Mailing Address:

P.O. BOX 1264
SAN LORENZO, PR 00754

FEI Number: 66-0347081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOMAS, JAMES P
888 EAST KEENE ROAD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: MCCOMAS, JOHN
Address: P.O. BOX 158 N/A
City-St-Zip: MAUNABO, PUERTO RICO, 00707 OC

Title: ST () Delete
Name: MCCOMAS, JAMES
Address: 888 EAST KEENE ROAD
City-St-Zip: APOPKA, FL 32703 OC

Title: D () Delete
Name: MCCOMAS, HUGH
Address: P.O. BOX 1264 N/A
City-St-Zip: SAN LORENZO, PUERTO RICO, PR 00754 OC

Title: AS () Delete
Name: MCCOMAS, PATRICIA
Address: P.O. BOX 1264 N/A
City-St-Zip: SAN LORENZO, PUERTO RICO, PR 00754

Title: AT (X) Delete
Name: MIRANDA, ANGEL
Address: P.O. BOX 1264
City-St-Zip: SAN LORENZO, PR 00754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCCOMAS, JOHN
Address: P.O. BOX 1264
City-St-Zip: SAN LORENZO, PR 00707

Title: ST (X) Change () Addition
Name: MCCOMAS, JAMES
Address: 888 EAST KEENE ROAD
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: MCCOMAS, HUGH
Address: P.O. BOX 1264
City-St-Zip: SAN LORENZO, PR 00754

Title: AT (X) Change () Addition
Name: MIRANDA, ANGEL
Address: P.O. BOX 1264
City-St-Zip: SAN LORENZO, PR 00754

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANGEL MIRANDA

AT

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date