## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000002239

**Entity Name: MCBLUE CORPORATION** 

4825 BASSWOOD LN

ORLANDO, FL 32808

Address:

City-St-Zip:

FILED Apr 27, 2006 Secretary of State

Littly Nai	ile. WICDLO	CORPORATION				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2295 S. HI.	AWASSEE R	OAD				
304 ORLANDO	), FL 32835					
	•					
Current Mailing Address:			New Maili	New Mailing Address:		
2295 S. Hl. 304	AWASSEE R	OAD				
	), FL 32835					
FEI Number:	: 65-0378104	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
304	REG AWASSEE R D, FL 32835					
	•				-#:	
	named entity e of Florida.	submits this statement for the p	ourpose or changing i	is registered	office or registered agent, or both,	
SIGNATUR	RF.					
0.014, (1.01		nic Signature of Registered Age	ent		 Date	
Election Car	npaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD ( LONG, GREG 12002 MCKIN WINDERMER	NON ROAD	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	LONG, KAREI 1874 WILDW		Title: Name: Address: City-St-Zip:	VD ( LONG, KAREI 12002 MCKIN WINDERMER	INON ROAD	
Title: Name: Address: City-St-Zip:	TOWNES, JE 2201 WILDW		Title: Name: Address: City-St-Zip:	MCCOY, RON	/ASSEE ROAD SUITE 304	
Title: Name:	D ( MCCOY, MYF	) Delete	Title: Name:	D ( MCCOY, MYR	X) Change ()Addition RON	

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.

Address:

City-St-Zip:

57 ALPINE DRIVE

FRANKLIN, NC 28734

SIGNATURE: GREGORY N LONG P 04/27/2006