

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P94000067356

1. Entity Name

MCR DEVELOPMENT, INC.



**FILED
May 08, 2006 8:00 am
Secretary of State**

05-08-2006 90283 010 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business
6208 CHIPOLA CIRCLE
ORLANDO FL 32809

Mailing Address

6208 CHIPOLA CIRCLE
ORLANDO FL 32809

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3281357** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

RAIM, MATT
6208 CHIPOLA CIRCLE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 | P RAIM, MATT 6208 CHIPOLA CIR. ORLANDO FL 32809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KLIMECK, SUSAN 6208 CHIPOLA CIR. ORLANDO FL 32809 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANNIE NIEVES P.O. Box 622245 Orlando, FL 32862 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RAIM, MARGIE 5717 ROCKWOOD AVE. ORLANDO FL 32809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

04/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #