

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90198 001 \*\*\*\*50.00  
02-23-2006 90198 002 \*\*\*100.00

**66002313**



01092006 Chg-P CR2E034 (11/05)

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P95000015368</b><br>1. Entity Name<br><b>MCCO COMMUNICATIONS, INC.</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>2330 MURRELL RD SUITE 200</b><br><b>ROCKLEDGE, FL 32955 US</b>   |  |   |   | Mailing Address<br><b>2330 MURRELL RD SUITE 200</b><br><b>ROCKLEDGE, FL 32955 US</b>  |  |
| 2. Principal Place of Business<br><b>3230 Murrell Rd.</b><br>Suite, Apt. #, etc.<br><b>Suite 200</b><br>City & State<br><b>Rockledge FL</b><br>Zip<br><b>32955</b>   |  | 3. Mailing Address<br><b>3230 Murrell Rd</b><br>Suite, Apt. #, etc.<br><b>Suite 200</b><br>City & State<br><b>Rockledge FL</b><br>Zip<br><b>32955</b> |   | 4. FEI Number<br><b>59-3307860</b>  |  |
| Country<br><b>Brevard</b>  |  | Country<br><b>Brevard</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCCOIG, RALPH</b><br><b>1025 ROCKLEDGE DR., APT 212</b><br><b>ROCKLEDGE, FL 32955</b>  |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3230 Murrell Rd.</b><br><b>Suite 200</b><br>City<br><b>Rockledge</b> <b>FL</b> Zip Code<br><b>32955</b> |  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br><b>MCCOIG, RALPH</b><br><b>1025 ROCKLEDGE DR., APT 212</b><br><b>ROCKLEDGE, FL 32955</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b> <input type="checkbox"/> Delete<br><b>LLEVA, EDITH</b><br><b>1025 ROCKLEDGE DR., APT 212</b><br><b>ROCKLEDGE, FL 32955</b>  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |   |   |  |
| <b>SIGNATURE:</b>  |  |   | <b>2-9-06 3216334964</b><br><small>Date Daytime Phone #</small> |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |  |