


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90192 036 \*\*\*150.00

<b>DOCUMENT # P95000050809</b>		
1. Entity Name <b>MCC INCORPORATED</b>		

Principal Place of Business <b>235 PARSONS ROAD LONGWOOD, FL 32779 US</b>	Mailing Address <b>PO BOX 951365 LAKE MARY, FL 32746 US</b>
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2. Principal Place of Business <b>282 Short Ave</b>	3. Mailing Address <b>PO Box 520923</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Longwood, FL</b>	City & State <b>Longwood FL</b>
Zip <b>327</b>	Zip <b>32750</b>
Country <b>Seminole</b>	Country

6. Name and Address of Current Registered Agent <b>RUFIANGE, ANNE 235 PARSONS RD LONGWOOD, FL 32779</b>	
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7. Name and Address of New Registered Agent Name <b>Anne Rufiange</b> Street Address (P.O. Box Number is Not Acceptable) <b>282 Short Ave</b> City <b>Longwood</b> FL Zip Code <b>32750</b>	
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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 <u>Anne Rufiange</u> DATE <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A Mistake</b> <input type="checkbox"/> Delete <b>RUFIANGE, ANNE BARRETT</b> <b>235 PARSONS ROAD</b> <b>LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President - Anne Rufiange</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>282 Short Ave</b> <b>Longwood, FL</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Anne Rufiange</u> <b>4/26/05 PRES. 4074211151</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #	
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