

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076405

Entity Name: M.G.M. CONTRACTING, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

1131 LAKE DR.
COCOA, FL 32922

New Principal Place of Business:

1121 PEACHTREE ST.
COCOA, FL 32922

Current Mailing Address:

1131 LAKE DR.
COCOA, FL 32922

New Mailing Address:

1121 PEACHTREE ST.
COCOA, FL 32922

FEI Number: 59-3466444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: P () Delete
Name: MILA, MICHAEL G
Address: 1720 YATES DR
City-St-Zip: MERRITT ISLAND, FL 32922

Title: T () Delete
Name: MILA, MICHAEL G
Address: 1720 YATES DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHAEL MILA

PRES

01/08/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date