2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077123

Entity Name: MDG CAPITAL CORPORATION

FILED Apr 18, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2180 IMMOKALEE RD. 2180 IMMOKALEE RD. SUITE 308 SUITE 309

NAPLES, FL 34110 NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

 2180 IMMOKALEE RD.
 2180 IMMOKALEE RD.

 SUITE 308
 SUITE 309

 NAPLES, FL 34110
 NAPLES, FL 34110

FEI Number: 59-3468700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KLOHN, WILLIAM L
2180 IMMOKALEE ROAD 308
NAPLES, FL 34103 US

KLOHN, WILLIAM L
2180 IMMOKALEE ROAD 309
NAPLES, FL 34110 US

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: 04/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change () Addition KLOHN, WILLIAM L KLOHN, WILLIAM L Name: Name: 2180 IMMOKALEE RD 308 2180 IMMOKALEE RD 309 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: VD () Delete Title: VD (X) Change () Addition

Name: MCCUAN, PATRICK Name: MCCUAN, PATRICK

Address: 2180 IMMOKALEE ROAD 308 Address: 2180 IMMOKALEE ROAD 309

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM L. KLOHN P 04/18/2005