


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90065 019 ***150.00

DOCUMENT # P99000000796 1. Entity Name MCFUTURE, INC.			
Principal Place of Business 1716 MADABAR LAKES DR NE PALM BAY, FL 32905		Mailing Address 1716 MADABAR LAKES DR NE PALM BAY, FL 32905	
2. Principal Place of Business 9410 MOCKINGBIRD LN. Suite, Apt. #, etc.		3. Mailing Address 9410 MOCKINGBIRD LN. Suite, Apt. #, etc.	
City & State SEBASTIAN, FL.		City & State SEBASTIAN, FL.	
Zip 32974	Country USA	Zip 32974	Country USA
4. FEI Number 65-0906429		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAN, FERNANDO S ESQ. 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MCMILLAN, JAMES W STREET ADDRESS 9610 MOCKINGBIRD LANE CITY-ST-ZIP SEBASTIAN, FL 32976	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCMILLAN, CAROL L STREET ADDRESS 9610 MOCKINGBIRD LANE CITY-ST-ZIP SEBASTIAN, FL 32976	<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-6-05 772-664-8406 <small>Date Daytime Phone #</small>	