
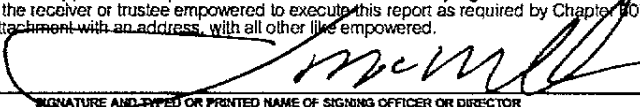


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P99000000796</b> 1. Entity Name <b>MCFUTURE, INC.</b>		
Principal Place of Business 9610 MOCKINGBIRD LANE SEBASTIAN, FL 32976	Mailing Address 9610 MOCKINGBIRD LANE SEBASTIAN, FL 32976	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  ARAN, FERNANDO S ESQ. 710 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, JAMES W 9610 MOCKINGBIRD LANE SEBASTIAN, FL 32976	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, CAROL L 9610 MOCKINGBIRD LANE SEBASTIAN, FL 32976	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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> 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0906429</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

000000543871  
05/11/06-80013-003 150.00

DO NOT WRITE  
IN THIS SPACE

4-26-06 772-664-8406

Date

Daytime Phone #