## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000090912

Entity Name: MCM ADVISORS CORP.

FILED Mar 28, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
SUITE 203						
BOCA RA	TON, FL 3343	3 US				
Surrent M	lailing Addres	ss:	New Mailing Addres	New Mailing Address:		
SUITE 203	PALMETTO PAI BN TON, FL 3343					
	: 65-0953962	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			: Name and Address	Name and Address of New Registered Agent:		
7280 W. P SUITE 203	LL, DWIGHT PALMETTO PAI BN TON, FL 3343					
he above	named entity					
	e of Florida.	submits this statement for t	ne purpose of changing its registere	ed office or registered agent, or both,		
n the State	e of Florida.	supmits this statement for t	ne purpose of changing its registere	ed office or registered agent, or both,		
n the State	e of Florida. RE:	nic Signature of Registered		ed office or registered agent, or both,  Date		
n the State	e of Florida.  RE: Electror					
n the State SIGNATUI	e of Florida.  RE: Electror	nic Signature of Registered g Trust Fund Contribution ( ).	Agent			
n the State	e of Florida.  RE: Electror  mpaign Financing  S AND DIREC  D () CAMPBELL, DV 5205 WHISPER	nic Signature of Registered g Trust Fund Contribution ( ). TORS: ) Delete WIGHT	Agent	Date		
n the State BIGNATUI Blection Car DFFICER: itle: lame: .ddress:	e of Florida.  RE:  Electror  mpaign Financing  S AND DIREC  D ( )  CAMPBELL, DA  5205 WHISPER  CORAL SPRING  S ( )  MOHAMMED, E  18970 SW 24 S	nic Signature of Registered g Trust Fund Contribution ( ). TORS: ) Delete WIGHT R DR GS, FL 33067 US ) Delete DONALD	Agent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: KENT, DON Address: 2935 CRES	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  (X) Change ( ) Addition		

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: DWIGHT CAMPBELL	D	03/28/2007
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