2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 30, 2007 8:00 am
Secretary of State

04-25-2007 90199 020 ***150.00

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01312007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000100009

1. Entity Name
M C H MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1521 NW 122 AVE. PEMBROKE PINES, FL 33026	PO BOX 260848 PEMBROKE PINES, FL 33026

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
PO BOX 260848	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines	City & State: FL
Zip: 33026 / Country	Zip / Country

4. FEI Number: 65-0964411 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOMERS, LINDA 1521 NW 122 AVE. PEMBROKE PINES, FL 33026	Name: Somers Street Address (P.O. Box Number is Not Acceptable): PO BOX 260848 City: Pembroke Pines FL Zip Code: 33026

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: Linda Somers 4/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOMERS, LINDA 1521 NW 122 AVE HOLLYWOOD, FL 33026 ☐ Delete	TITLE PD NAME Linda Somers STREET ADDRESS PO Box 260848 CITY-ST-ZIP Pembroke Pines FL 33026	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOMERS, JAMES 1521 NW 122 AVE HOLLYWOOD, FL 33026 ☐ Delete	TITLE VPD NAME James Somers STREET ADDRESS PO Box 260848 CITY-ST-ZIP Pembroke Pines FL 33026	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Linda Somers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #