


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000110900</b> 1. Entity Name MCC ALLIANCE, INC.	
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Principal Place of Business 12421 N FLORIDA AVE SUITE C220 TAMPA, FL 33613	Mailing Address 12421 N FLORIDA AVE SUITE C220 TAMPA, FL 33613
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04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3616377	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HAY, KENNETH 12421 N FLORIDA AVE SUITE C220 TAMPA, FL 33613
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000112933 04/14/04-80042-009 476.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAY, KEN 12421 N FLA AVE C-220 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COOPER, MONICA 12421 N FLORIDA AVE, #C-220 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/9/04 Date	935-8361 Daytime Phone #
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