

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90077 019 \*\*\*558.75

**DOCUMENT # P99000110900**  
 1. Entity Name  
 MCC ALLIANCE, INC.



Principal Place of Business: 12421 N FLORIDA AVE SUITE C220 TAMPA, FL 33613  
 Mailing Address: 12421 N FLORIDA AVE SUITE C220 TAMPA, FL 33613

20063642



2. Principal Place of Business: 3550 Buschwood Park Dr. STA 245  
 3. Mailing Address: PO Box 82189  
 Suite, Apt. #, etc. Dr. Suite, Apt. #, etc.

05192005 Chg-P CR2E034 (10/03)

City & State: Tampa Florida  
 Zip: 33618 Country: USA  
 City & State: Tampa Florida  
 Zip: 33082 Country: USA

4. FEI Number: 59-3616377 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HAY, KENNETH  
 12421 N FLORIDA AVE SUITE C220  
 TAMPA, FL 33613

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): 3550 Buschwood Park Drive  
 Suite 245  
 City: Tampa FL Zip Code: 33618

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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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: P	HAY, KEN	TITLE: _____	_____
NAME: HAY, KEN	12421 N FLA AVE C-220	NAME: _____	_____
STREET ADDRESS: 12421 N FLA AVE C-220	TAMPA, FL 33612	STREET ADDRESS: _____	_____
CITY-ST-ZIP: TAMPA, FL 33612		CITY-ST-ZIP: _____	_____
TITLE: VP	COOPER, MONICA	TITLE: _____	_____
NAME: COOPER, MONICA	12421 N FLORIDA AVE, #C-220	NAME: _____	_____
STREET ADDRESS: 12421 N FLORIDA AVE, #C-220	TAMPA, FL 33612	STREET ADDRESS: _____	_____
CITY-ST-ZIP: TAMPA, FL 33612		CITY-ST-ZIP: _____	_____
TITLE: _____	_____	TITLE: _____	_____
NAME: _____	_____	NAME: _____	_____
STREET ADDRESS: _____	_____	STREET ADDRESS: _____	_____
CITY-ST-ZIP: _____	_____	CITY-ST-ZIP: _____	_____
TITLE: _____	_____	TITLE: _____	_____
NAME: _____	_____	NAME: _____	_____
STREET ADDRESS: _____	_____	STREET ADDRESS: _____	_____
CITY-ST-ZIP: _____	_____	CITY-ST-ZIP: _____	_____
TITLE: _____	_____	TITLE: _____	_____
NAME: _____	_____	NAME: _____	_____
STREET ADDRESS: _____	_____	STREET ADDRESS: _____	_____
CITY-ST-ZIP: _____	_____	CITY-ST-ZIP: _____	_____

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: \_\_\_\_\_ DATE: 6/10/05 DAYTIME PHONE #: 935-8361