

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110900

Entity Name: MCC ALLIANCE, INC.

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

3550 BUSCHWOOD PARK
STE 245
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 82189
TAMPA, FL 33682

New Mailing Address:

FEI Number: 59-3616377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAY, KENNETH
3550 BUSCHWOOD PARK DR
SUITE 245
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAY, KEN
Address: 12421 N FLA AVE C-220
City-St-Zip: TAMPA, FL 33612

Title: VP () Delete
Name: COOPER, MONICA
Address: 12421 N FLORIDA AVE, #C-220
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAY, KEN
Address: 3550 BUSCHWOOD PARK DRIVE STE 245
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change () Addition
Name: COOPER, MONICA
Address: 3550 BUSCHWOOD PARK DR STE 245
City-St-Zip: TAMPA, FL 33618

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: KENNETH W HAY

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date