


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F0400000714</b>	
1. Entity Name MCC TELEPHONY OF FLORIDA, INC.	

Principal Place of Business 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941	Mailing Address 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0781137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CRAIB, CALVIN 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PASCARELLI, JOHN 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STEPHAN, MARK 100 CRYSTAL RUN RD MIDDLETOWN, NY 10941
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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00000589163  
 01/18/07-80006-003 250.00

**DO NOT WRITE IN THIS SPACE**

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: B. H. Wain Date: 1/4/07 Daytime Phone #: 845-695-2600