


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 249428</b> 1. Entity Name <b>M G P INC</b>	
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Principal Place of Business <b>433-41 ST</b> <b>MIAMI BCH FL 33340</b> <b>US</b>	Mailing Address <b>7611 SOUTHAMPTON TERR</b> <b>A-116</b> <b>FORT LAUDERDALE FL 33321</b> <b>US</b>
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1st MOORE      CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
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4. FEI Number <b>59-0954370</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>WOLLOWICK, PATRICIA</b> <b>7611 SOUTHAMPTON TERR</b> <b>A-116</b> <b>FORT LAUDERDALE FL 33321</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent's signature required when not this way)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete <b>WOLLOWICK, PATRICIA</b> <b>1351 SW 141ST AVENUE BLDG G APT 301</b> <b>PEMBROKE PINES FL</b>
TITLE	VD <input type="checkbox"/> Delete <b>TESHER, ROBERT</b> <b>200 S OCEAN BLVD APT 6E</b> <b>BOCA RATON FL</b>
TITLE	VPSD <input type="checkbox"/> Delete <b>LOWE, SANDRA L</b> <b>3500 34TH AVE.</b> <b>HOLLYWOOD FL</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000926124</b> <b>02/21/08-80037-016 150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia Wollowick*      **2-8-08 (954) 770-6064**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #