2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 25, 2008 08:00 AN Secretary of State

ANNUAL REPURI					Secretary of Sta		
1. Entity Nam	MEÑT # H08028 PERTIES, INC.				Sec	retary of St	
Principal Plac	e of Business	Mailing Address	•				
NORTHERN TRUST BANK 700 BRICKELL AVE MIAMI, FL 33131		NORTHERN TRUST BANK C/O J.Franetic, 700 Brickell Ave Miami, FL 33131			82 02 04 86 8 100 04 04 04 05	PIOI: PIOII DIBY DINIER II IOE	
		· · · · · · · · · · · · · · · · · · ·		02292008 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SI			CF	02292008	<u>-</u>		
				4. FEI Numb 59-249		Applied For Not Applicable	
The state and the state of the			. وعدات مهمسمد	5. Certificate	of Status Desired —	\$8.75 Additional	
Bruinder Br	6. Name and Address of Current Re	gistered Agent	P. P	[Selection File Contracts	Fee Required	
1 S.E. 3RI	NICHOLAS M. DAVE			DO	NOT WRIT	E	
SUITE 240 MIAMI, FL				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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. Added to Feet			U00000922608 05/15/08-80053-018 150.00		
10.	OFFICERS AND DI	RECTORS		, , ,		Sp. A Mark	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MAC CORQUODALE, PAMELA S 535 VALLEY HALL DRIVE DUNWOODY, GA 303504632						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPAC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- confident () in the				
12. Thereby o	certify that the information supplied with the on this report is true peralised by the report is true peralised or trustee empower or trustee empower or an attachment with an address, with	s filing does not qualify for the ex le and accurate and that my signa real to execute this report as requ all other like empowered.	emptions contained ture shall have the fred by Chapter 607	in Chapter 119 same legal effect, Florida Statute	b. Florida Statutes. I further ce t as if made under oath, that is; and that my name appears	ertify that the information I am an officer or director in Block 10 or Block 11 if	