


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000084103  
 1. Entity Name  
**MASTERS AVENUE, INC.**



Principal Place of Business      Mailing Address  
**3787 EAGLE HAMMOCK DRIVE**      **3787 EAGLE HAMMOCK DRIVE**  
**SARASOTA, FL 34240**                      **SARASOTA, FL 34240**

**DO NOT WRITE IN THIS SPACE**



05072008      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>31-1730180</b>	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  
**POLEN, DAVID**  
**3787 EAGLE HAMMOCK DRIVE**  
**SARASOTA, FL 34240**

**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**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLEN, DAVID H 3787 EAGLE HAMMOCK DRIVE SARASOTA, FL 34240
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 06/04/08-80011-006 150.00

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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: David H Polen      **DAVID H Polen**      5/7/2008      941-371-8318  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #