2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 124058

Address:

City-St-Zip:

3202 FAIROAKS AVE

TAMPA, FL 33611

Entity Name: MURPHEY CAPITAL, INC.

FILED Apr 27, 2009 Secretary of State

Littly Na	IIIE. WORFH	LT CAPITAL, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3208 W C TAMPA, F	HAPIN AVE L 33611 U	S			
Current Mailing Address:			New Mailing Address:		
P.O. BOX TAMPA, F	18065 L 336798065				
FEI Number	: 59-0402805	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
3208 W. C TAMPA, F The above			ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MURPHEY, DA 3208 W CHAP TAMPA, FL 33	IN AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (SNYDER, CAF 3308 SIERRA TAMPA, FL 33	CIRCLE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	S/T (BROWN, HELI) Delete EN M	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: CAROLINE M SNYDER VP 04/27/2009