2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 217508

1. Entity Name
MELBOURNE SHOPPING CENTERS, INC.

Principal Place of Business	Mailing Address
505 SOUTH FLAGLER DR., SUITE 1325 WEST PALM BEACH, FL 33401	505 SOUTH FLAGLER DR., SUITE 1325 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

04112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-6066186	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, LARRY B
505 SOUTH FLAGER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000905516
05/01/08-80057-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANNA, PAUL B
STREET ADDRESS	505 S FLAGLER DR STE 1325
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	S
NAME	PORCHER, HANK T
STREET ADDRESS	233 BLUE CREEK DRIVE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Paul B Hanna   4/14/08   561-655-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #