2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # 517554 Jul 22, 2008 08:00 AM Secretary of State MEADOW MERCANTILE, INC. Mailing Address Principal Place of Business 834 S CONGRESS AVE 834 S CONGRESS AVE W PALM BEACH, FL 33406 W PALM BEACH, FL 33406 CR2E034 (11/05) 07152008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1697935 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARTIN, REBECCA W 834 S CONGRESS AVE WEST PALM BEACH, FL 33406 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, typeu or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 12, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SHEFFIELD, THOMAS H NAME STREET ADDRESS 2710 FLAMANGO LAKE DR. CITY-ST-ZIP WEST PALM BEACH, FL 000000955739 07/22/08-80004-014 150.00 TITLE MARTIN, REBECCA W NAME STREET ADDRESS 1402 GLEN ROAD CITY+ST-ZIP WEST PALM BEACH, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - 7IP

12. I hereby certify that the information supplied with this filling 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 eath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 18, 2008