


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90339 011 ***150.00

DOCUMENT # 531687					
1. Entity Name MEDLEY RESOURCES, INC.					
Principal Place of Business 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US			Mailing Address 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03312008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-1740035	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINSON, BARNETT ESQ 120 W PALMETTO PARK RD STE 260 BOCA RATON, FL 33432				Name Robinson, Barnett, Jr., P.A.	
				Street Address (P.O. Box Number is Not Acceptable) 21346 St. Andrews Blvd.	
				Suite 302	
				City Boca Raton FL Zip Code 33433	
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 <u>Barnett Robinson, Jr. P.A.</u>				DATE <u>4/02/08</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARGAY, CHARLES E.		NAME		
STREET ADDRESS	9401 NW 106TH ST, STE 101		STREET ADDRESS		
CITY - ST - ZIP	MEDLEY, FL		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARGAY, CHARLES E JR		NAME		
STREET ADDRESS	9401 NW 106TH ST, STE 101		STREET ADDRESS		
CITY - ST - ZIP	MEDLEY, FL 33178		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNOWLES, JANET		NAME		
STREET ADDRESS	9401 NW 106TH ST, STE 101		STREET ADDRESS		
CITY - ST - ZIP	MEDLEY, FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Janet Knowles Assistant Secy.</u>			DATE: <u>04/10/08</u>		DAYTIME PHONE: <u>305-885-2458</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JANET KNOWLES, ASSISTANT SECY			DATE		DAYTIME PHONE #