* 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 531687 1. Entity Name MEDLEY RESOURCES, INC.						04-28-2008	_		
Principal Place of Business 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US		Malling Address 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US					T1 81811 81811 818		5811 SI (1111
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		•					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03312008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number 59-1740			⊢	plied For at Applicable
Zip	Country	Zip	Count	try	5. Certificate o	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New	Registered /	Agent_	
	3			Namo					
ROBINSON, BARNETT ESQ 120 W PALMETTO PARK RD				Robinson, Barnett, Jr., P.A. Street Address(P.O. Box Number is Not Acceptable) 21346 St. Andrews Blvd.					
STE 260 BOCA RA	TON, FL 33432		- I-AI-AII-AI		te 302				
•				Boca Raton FL Zig Code 33433					
8. The above the obligat	named entity submits this statement foions of registered agent.	r the purpose of changing its	registere	ed office or registe	red agent, or both	i, in the State of F	lorida. I am	familiar with,	and accept
Signature. Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	W.S.								
	E NOW!!! FEE 1S \$150.00 ay 1, 2008 Fee will be \$550.(9. Election Campai Trust Fund Cont	-		.00 May Be ded to Fees				•
After Ma	ay 1, 2008 Fee will be \$550.0	Trust Fund Cont	ribution.		ded to Fees	CHANGES TO DE	FICERS AND	DIRECTORS	S IN 11
After Ma	ay 1, 2008 Fee will be \$550.	Trust Fund Cont	ribution.	Add	ded to Fees	CHANGES TO OF	FICERS AND		
10.	ay 1, 2008 Fee will be \$550.0 OFFICERS AND	Trust Fund Cont	11.	Add	ded to Fees	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
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Thereby certify that the information supplied with this limit does not quality for the exemptions contained in Chapter 139, Proficed states. Floridad states in the information indicated on this report or supplemental report is true and accurate and docurate 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:

TRYATURE AND ITYPED APPRILED NAME OF SIGNING OF EIGHT PRINTED TO THE

04/10/08

305-885-2458