

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 531687

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: MEDLEY RESOURCES, INC.

**Current Principal Place of Business:**

9401 NW 106TH ST  
STE 101  
MEDLEY, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

9401 NW 106TH ST  
STE 101  
MEDLEY, FL 33178 US

**New Mailing Address:**

FEI Number: 59-1740035      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, BARNETT JR.  
21346 ST. ANDREWS BLVD.  
SUITE 302  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LARGAY, CHARLES E.  
Address: 9401 NW 106TH ST, STE 101  
City-St-Zip: MEDLEY, FL

Title: ST ( ) Delete  
Name: LARGAY, CHARLES E JR  
Address: 9401 NW 106TH ST, STE 101  
City-St-Zip: MEDLEY, FL 33178

Title: AS ( ) Delete  
Name: KNOWLES, JANET  
Address: 9401 NW 106TH ST, STE 101  
City-St-Zip: MEDLEY, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JANET KNOWLES

AS

04/20/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date