

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747442

FILED  
Feb 19, 2007  
Secretary of State

Entity Name: M. E. IRIS, INC.

## Current Principal Place of Business:

5100 HWY 17-92  
SUITE 200  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

## Current Mailing Address:

5100 HWY 12-92  
SUITE 200  
CASSELBERRY, FL 32707 US

## New Mailing Address:

FEI Number: 59-2929779      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANGUM, KEVIN E  
5100 HWY 17-92  
STE 200  
CASSELBERRY, FL 32707 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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MANGUM, KEVIN E  
Address: 5100 HWY 17-92, STE 201  
City-St-Zip: CASSELBERRY, FL 32707

Title: VD ( ) Delete  
Name: MURPHY, ROBERT J JR  
Address: 1061 FOUNTAIN GLEN DR.  
City-St-Zip: LAWRENCEVILLE, GA

Title: SD ( ) Delete  
Name: JURKOWSKI, TODD  
Address: 410 E. JORSEY DR.  
City-St-Zip: ORLANDO, FL 32806

Title: VD ( ) Delete  
Name: ICKES, GREGG  
Address: 1700 WEBER ST.  
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete  
Name: MURPHY, BRIAN  
Address: 4104 W EL PRADO BLVD  
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete  
Name: JOHNSON, CHRIS  
Address: 612 SPARROW BRANCH CIR.  
City-St-Zip: JACKSONVILLE, FL 32259

## 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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN MURPHY

TD

02/19/2007

Electronic Signature of Signing Officer or Director

Date