

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 18 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 770210</b> 1. Entity Name <b>M.B.R. CORPORATION</b>					
Principal Place of Business <b>430 LARBOARD WAY STE 6 CLEARWATER, FL 34630 US</b>			Mailing Address <b>430 LARBOARD WAY STE 6 CLEARWATER, FL 34630 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2353595</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOYNAHAN, FRANK J 430 LARBOARD WAY ISLAND ESTATES #2 CLEARWATER BEACH, FL 33767</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MOYNAHAN, FRANK J. 69 PENNY LANE NEWNAN, GA 30263</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAKER, JOSEPH R JR 430 LARBOARD WAY CLEARWATER, FL 00000.</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S STORE, DANIEL 430 LARBOARD WAY 2 CLEARWATER BEACH, FL 33767</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 617, 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.			<div style="text-align: right;"> <b>200119103852</b>  <b>02/29/08--01009--001 **61.25</b> </div>		
<b>SIGNATURE: Frank J. Moynahan</b>			<b>2-8-08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		