2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

Please pay with Medallist Lead Program
FLORIDA Department of State
DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
PO BOX 6850, Tallahassee FL 32314

TDT 1/29/08

DOCUMENT # F00000002125

1. Entity Name

MEDALLIST DEVELOPMENTS INC.

Principal Place of Business	Mailing Address
200 BLUE MOON CROSSING SUITE 200 POOLER GA 31322 US	200 BLUE MOON CROSSING SUITE 200 POOLER GA 31322 US

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0906439 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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 _____ DATE

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COO	☐ Delete
NAME	O'BRIEN, MICHAEL	
STREET ADDRESS	200 BLUE MOON CROSSING, SUITE 200	
CITY-ST-ZIP	POOLER GA 31322	
TITLE	V P	☐ Delete
NAME	THURBER, THOMAS	
STREET ADDRESS	200 BLUE MOON CROSSING, SUITE 200	
CITY-ST-ZIP	POOLER GA 31322	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	U00000837076
STREET ADDRESS	03/04/08-80042-009 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: THOMAS N. THURBER — 1-29-08 — 912.450.7004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #