2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Please pay with Medallist Credit Card
Florida Department of State
Division of Corporations
Annual Report Section
PO Box 6850, Tallahassee, FL 32314

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

TN 1/29/08

1st MOORE CR2E034 (10/07)

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

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	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	COO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, MICHAEL		NAME	U00000837076	
STREET ADDRESS	200 BLUE MOON CROSSING, SUITE 200		STREET ADDRESS	03/04/08-80042-009 150.00	
CITY-ST-ZIP	POOLER GA 31322		CITY-ST-ZIP		
TITLE	V P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THURBER, THOMAS		NAME		
STREET ADDRESS	200 BLUE MOON CROSSING, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	POOLER GA 31322		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] THOMAS N. THURBER 1-29-08 912.450.7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #