2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002976

Entity Name: MDEVERYWHERE, INC.

FILED Apr 01, 2004 Secretary of State

Current P	of Business:	New	New Principal Place of Business:					
270 SPAG MELVILLE	E. 200		26 CENTRAL AVENUE HAUPPAUGE, NY 11788					
Current M	lailing Addres	s:	New	New Mailing Address:				
270 SPAGNOLI RD., STE. 200 MELVILLE, NY 11747				26 CENTRAL AVENUE HAUPPAGUE, NY 11788				
FEI Number	: 11-3515813	FEI Number Applied For()	FEI Number N	ot Applica	cable () Certificate of Status Desired ()			
Name and	l Address of C	urrent Registered Agent:	Nam	e and A	Address of New Registered Agent:			
1200 SOU PLANTATI The above	PORATION SYSTH PINE ISLANION, FL 33324 named entity set of Florida.	ND ROAD US	e purpose of char	ging its	s registered office or registered agent, or both,			
SIGNATUI								
	Electron	ic Signature of Registered A	∖gent		Date			
Election Car	mpaign Financing	g Trust Fund Contribution ().						
OFFICER	S AND DIREC	TORS:	ADD	ITIONS	S/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	PSTD () FETTEROLF, D 270 SPAGNOLI MELVILLE, NY	RD., STE. 200	Title: Name Addre City-S	ss:	() Change () Addition			
Title: Name: Address: City-St-Zip:	D () FISHERMAN, J. 144 COTTAGE BROOKLINE, N	ST.	Title: Name Addre City-S	ss:	() Change () Addition			
Title: Name: Address: City-St-Zip:	D () BILYEW, ANN 6 BOURNEDAL JAMAICA PLAIN		Title: Name Addre City-S	ss:	() Change () Addition			
Title: Name: Address: City-St-Zip:	D () SHEA, CHUCK 33 FRANKLIN F HINGEHAM, MA		Title: Name Addre City-S	: F ss: 6	D (X) Change () Addition FEGURSON, LARRY 6800 MEDINAH COURT CHARLOTTE, NC 28210			
Title: Name: Address: City-St-Zip:	PRESENT, DO	D RD., STE. 203	Title: Name Addre City-S	ss:	() Change () Addition			
Title: Name: Address: City-St-Zip:	KELLY, PATRIC 1091 PONTE V		Title: Name Addre City-S	ss:	()Change ()Addition			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

	Flacture is Oissanting of Oissains Officers on Discretes		D-4-
SIGNATURE:	DAVID FETTEROLF	PST	04/01/2004

EUGENE HILL, DIRECTOR 60 STATE STREET SUITE # 3650 BOSTON, MA 02109