


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90092 019 ***150.00

DOCUMENT # F74993			
1. Entity Name MURRAY HILL INVESTMENTS, INC.			
Principal Place of Business P O BOX 239 BRYCEVILLE, FL 32009-0239		Mailing Address P O BOX 239 BRYCEVILLE, FL 32009-0239	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCARBOROUGH, WAYNE T. 905 PARK AVE SUITE 102 ORANGE PARK, FL 32073		Name Street Address (P.O. Box Number is Not Acceptable) City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. Divisions of Corporations FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCARBOROUGH, WAYNE T. P O BOX 239 BRYCEVILLE, FL 320090239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCARBOROUGH, ROBERTA L. P O BOX 239 BRYCEVILLE, FL 320090239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBOROUGH, WAYENT JR P O BOX 239 BRYCEVILLE, FL 320090239	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARBOROUGH, WAYNE T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 239 Bryceville, Fl. 32009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Robert Scarborough</i>		Date: <i>Jan 10-07</i>	Daytime Phone #: <i>266-2400</i>