2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # G19442

1. Entity Name MYRO, INC.



Jan 30, 2007 08:00 AM Secretary of State

FILED

Principal Place of Business

100 E. PRATT STREET 26TH FLOOR BALTIMORE, MD 21202

Mailing Address

100 E. PRATT STREET 26TH FLOOR

BALTIMORE, MD 21202 US



DO NOT WRITE IN THIS SPACE

01252007 CR2E034 (11/05) No Chg-P

4. FEI Number 59-2289681

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 ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	urpose of changing its re	egistered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable (NOTE: R	Registered Agent signature	required when reinstating)	DATE	
FIL	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	. OFFICERS AND DIREC	TORS				
TITLE _NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, MYRIAM CO L MCLAUGHLIN ESQ 100 E PRATT ST 26TH FL BALTIMORE, MD 21202					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MCLAUGHLIN, L CONTENT 100 E. PRATT STREET, 26TH FLOOR BALTIMORE, MD 21202			00000611496 02/02/07-80065-010 150.00		
NAME STREET ADDRESS CITY-ST-ZIP	PT SALAS, MYRIAM CO L MCLAUGHLIN ESQ 100 E PRATT ST 26TH FL BALTIMORE, MD 21202			DO NOT WRITE		
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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 utilities and or execute the control of the corporation of the corp

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

E OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE