## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jun 16, 2008 8:00 am Secretary of State DOCUMENT # H06500 1. Entity Name 05-07-2008 90107 004 \*\*\*550.00 MAWN-KI, INC. Principal Place of Business Mailing Address 10516 DEUGNSHIRE DR 8528 N. LYNN AVENUE **HUNTERSVILLE, NC 28078** TAMPA, FL 33604 66014301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06092008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-2411085 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADY, MICHAEL P. Street Address (P.O. Box Number is Not Acceptable) 8528 N LYNN AVE **TAMPA, FL 33604** City 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PRESIDENT Delete TITLE Change Addition MICHAEL P. BOADY NAME BRADY, MICHAEL P. NAME 119 W. WATERE AND STREET ADDRESS 8528 N LYNN AVENUE STREET ADDRESS Tampa. Fl 33602 CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ 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-7P 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. e/1/08 7047790155\$ SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR BERECTOR

FILED

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5/7/2008-90107-004-\$550.00-\$550.00

## ATTACUBATAIT

DOCUMENT # H06500 1. Entity Name MAWN-KI, INC.				ATTACHMENT			
Principal Place of Business 10516 DEUGNSHIRE DR HUNTERSVILLE, NC 28078	Mailing Address 8528 N. LYNN AVENUE TAMPA, FL 33604	IN AVENUE		66014301			
2. Principal Place of Business - No P.O. Box # 119 Watters Aug. Suite. Apt. #, etc.	3. Mailing Address  ICSIG DECC  Suite, Apt. #, etc.	MSHIRE	DR	05052008	Chg-P	CR2E034 (12/06)	
City & State Teach FC	City & State HUNTERSON	RNC		4. FEI Numbe 59-241		<del></del>	optied For lot Applicable
Zip Country 33604 Country 6. Name and Address of Current F	S rags	Country USA		<u> </u>	of Status Desired	S8.75 Ac Fee Requir	
BRADY, MICHAEL P. 8528 N LYNN AVE TAMPA, FL 33604		Street	ddress ((	P.O. Box Number	BRAD' I is Not Acceptable SHIRE	Deve	
B. The above named entity submits this statement for the obligations of registered agent.  SIGNATURE  Square, you or presed name of registered agent a  FILE NOWN: FEE IS \$150.00	9. Election Campai	registered office of Pagestand Agent ages gn Financing	r registeri			rida. I am familiar with	8.
Due by September 12, 2008  10. OFFICERS AND D	Trust Fund Contr	ibution.	Adde	ADOITIONS/		CERS AND DIRECTOR	
TITLE P  WAVE BRADY, MICHAEL P.  STREET ADDRESS  CITY-ST-ZP  TAMPA, FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	105	(で のほつ	PSYON PISTURE	28078	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZP				☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-S1-ZP	☐ Delete	TITLE MAKE STREET ADDRESS CITY-SI-ZIP				☐ Change	☐ Addition
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TITLE NAME STREET ADORESS CITY-ST-ZP	☐ Delets	TITLE HAME STREET ADDRESS CITY-ST-ZP				☐ Change	□ AddRion
I hereby certify that the information supplied with indicated on this report or suppliernental report is of the corporation or the receiver or trustee emporchanged, or on an attachment with an address, w  SIGNATURE:	true and acceptate and that it werealto execute this report in all other like empowered.	the exemptions of a signature shall has required by Chi	ave the supter 607,	In Chapter 119, ame legal effect Florida Statutes	Florida Statutes, I sas if made under or and that my name	further certify that the a ath; that I am an office appears in Block 10 o	nformation r or director r Block 11 if