


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-07-2008 90107 004 ***550.00


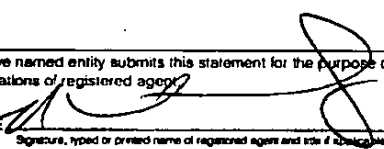
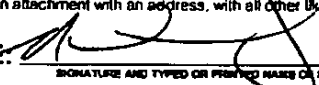
DOCUMENT # H06500 1. Entity Name MAWN-KI, INC.					
Principal Place of Business 10516 DEUGNSHIRE DR HUNTERVILLE, NC 28078			Mailing Address 8528 N. LYNN AVENUE TAMPA, FL 33604		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2411085	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
<div style="display: flex; justify-content: space-between;"> 06092008 Chg-P CR2E034 (12/06) 66014301 </div>					
6. Name and Address of Current Registered Agent BRADY, MICHAEL P. 8528 N LYNN AVE TAMPA, FL 33604			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADY, MICHAEL P. 8528 N LYNN AVENUE TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL P. BRADY 119 W. WATERS AVE Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <i>6/9/08</i> <i>744 77901555</i> </div> <small>Date Daytime Phone #</small>		

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

ATTACHMENT

6604301

DOCUMENT # H06500			
1. Entity Name MAWN-KI, INC.			
Principal Place of Business 10516 DEUNSHIRE DR HUNTERVILLE, NC 28078		Mailing Address 8528 N. LYNN AVENUE TAMPA, FL 33604	
2. Principal Place of Business - No P.O. Box # 119 W. WATERS AVE		3. Mailing Address 10516 DEUNSHIRE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State HUNTERVILLE, NC	
Zip 33604	Country USA	Zip 28078	Country USA
4. FEI Number 59-2411085		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADY, MICHAEL P. 8528 N LYNN AVE TAMPA, FL 33604		7. Name and Address of New Registered Agent Name MICHAEL P. BRADY Street Address (P.O. Box Number is Not Acceptable) 10516 DEUNSHIRE DRIVE City HUNTERVILLE NC FL Zip Code 28078	
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 		DATE 05-05-08	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADY, MICHAEL P. 8528 N LYNN AVENUE TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL P. BRADY 10516 DEUNSHIRE DR HUNTERVILLE, NC 28078 <input checked="" 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
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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 with an address, with all other use empowered.			
SIGNATURE: 		MICHAEL P. BRADY	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 5-5-08 704.779.0155	