2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69820

Entity Name: TRAWLER MICHAEL ANTHONY, INC.

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

3020 RIDGEVALE CIRCLE
VALRICO, FL 33594 US
3020 RIDGE VALE CIRCLE
VALRICO, FL 33594 US
VALRICO, FL 33594 US

Current Mailing Address: New Mailing Address:

3539 APALACHEE PARKWAY
SUITE 159
TALLAHASSEE, FL 32311
US
3020 RIDGE VALE CIRCLE
VALRICO, FL 33594
US

FEI Number: 59-2576246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTGOMERY, ANTIGONE E VONA, SAM
3539 APALACHEE PARKWAY 3020 RIDGE VALE CIRCLE
SUITE 159 VALRICO, FL 33594 US
TALLAHASSEE, FL 32311 US

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.

SIGNATURE: SAM VONA 04/01/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: VONA, MICHAEL ANTHON, Y Name:

 Address:
 3020 RIDGEVALE CIRCLE
 Address:
 Address:

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:

Title: VP () Delete Title: ST (X) Change () Addition Name: VONA, NINA E., Name: VONA, SAM,

 Address:
 3020 RIDGEVALE CIRCLE
 Address:
 3020 RIDGEVALE CIRCLE

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 VALRICO, FL 33594

Title: ST (X) Delete Title: () Change () Addition

 Name:
 VONA, SAM,
 Name:

 Address:
 3020 RIDGEVALE CIRCLE
 Address:

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: SAM VONA ST 04/01/2008