


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # H92018 1. Entity Name M.L.B., INC.	
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Principal Place of Business 79 E DUNLAWTON PORT ORANGE, FL 32119 US	Mailing Address P.O. BOX 291607 PORT ORANGE, FL 32129 US
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DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2611920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POLSTON, JOHN
79 E DUNLAWTON
PORT ORANGE, FL 32119

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IN THIS SPACE**

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREEMAN, JAMES C. 79 E DUNLAWTON PORT ORANGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRAHAM, KIM 6184 HALF MOON DR PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEMAN, JAMES P 79 E DUNLAWTON PORT ORANGE, FL 32129
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IN THIS SPACE**

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:  3/15/08 386767-2721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kim Graham