
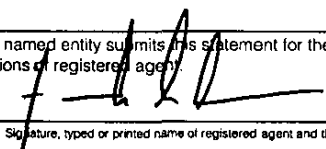
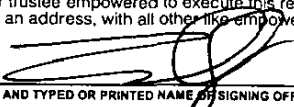


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90202 002 \*\*\*150.00

<b>DOCUMENT # J20101</b> 1. Entity Name <b>MID-ATLANTIC INVESTMENTS, INC.</b>					
Principal Place of Business <b>1106 N FRANKLIN ST TAMPA, FL 33602</b>			Mailing Address <b>1106 N FRANKLIN ST TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box #  		3. Mailing Address <b>P.O. Box 173071</b>			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State  		City & State <b>TAMPA FL</b>		4. FEI Number <b>59-2713354</b>	
Zip  		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33672</b>		Country <b>Hillsborough</b>		6. Name and Address of Current Registered Agent <b>GONZALEZ, ANTHONY F. 1106 N FRANKLIN STREET TAMPA, FL 33602</b>	
Name <b>FRANK AGLIANO</b>		7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) <b>5002 HOWARD AVE</b>			
City <b>Tampa</b>		State <b>FL</b>			
Zip Code <b>33607</b>		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: <b>4/17/07</b>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGLIANO, FRANK 5002 HOWARD AVE. TAMPA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, TONY 701 N. FRANKLIN STREET TAMPA, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, TINO C. 3104 N. ARMENIA AVE. TAMPA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIDA, LUCIANO JR. 1106 N FRANKLIN ST. TAMPA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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	
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: 			Date: <b>4/5/07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		