
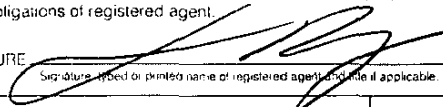
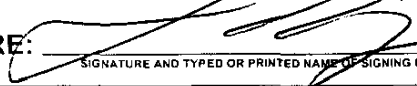


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90022 044 ***150.00

DOCUMENT # K45525 1. Entity Name MERKLE & MAGRI, P.A.					
Principal Place of Business 550 N REO STREET SUITE 301 TAMPA, FL 33609 US			Mailing Address 550 N REO STREET SUITE 301 TAMPA, FL 33609 US		
2. Principal Place of Business - No P.O. Box # 5415 MARINER STREET		3. Mailing Address 5415 MARINER STREET			
Suite, Apt. #, etc. SUITE 103		Suite, Apt. #, etc. SUITE 103			
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA		4. FEI Number 59-2918613	
Zip 33609-3413		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33609-3413		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGRI, JOSEPH D 550 N REO STREET SUITE 301 TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5415 MARINER STREET SUITE 103 City TAMPA	
MAGRI, JOSEPH D 550 N REO STREET SUITE 301 TAMPA, FL 33609				FL Zip Code 33609-3413	
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 		Joseph D. Magri		4/21/2008	
Signature typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE		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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGRI, JOSEPH D. 550 N REO STREET, SUITE 301 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5415 MARINER ST., SUITE 103 TAMPA, FL 33609-3413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYTHALER, WARD A. 550 N REO STREET, SUITE 301 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5415 MERINER STREET, SUITE 103 TAMPA, FL 33609-3413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  Joseph D. Magri, PD 4/21/2008 (813)281-9000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					