2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90859 007 ***150.00 DOCUMENT # K80858 MBR STORAGE INCORPORATED 40094120 Principal Place of Business Mailing Address 5051 41ST STREET P.O. BOX 1089 VERO BEACH, FL 32961 VERO BEACH, FL 32961 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0175386 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEARY, ROBERT J. JR. DO NOT WRITE 6655 53RD STREET VERO BEACH, FL 32967 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GEARY, ROBERT J. JR. NAME 6655 53RD STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL TITLE GEARY, EDWARD J. NAME STREET ADDRESS 9110 MASSEY ROAD WABASSO, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED